

Appendix 2



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NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

North Wales population assessment

Draft 0.1

24 November 2016

Draft



Introduction

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Notes on the population assessment report

This is the final draft report produced for discussion and approval by the six North Wales councils and Betsi Cadwaladr University Health Board.

The report will be published on 1 April 2017 on each council and health board website. Before publication the following information will be added and changes made.

- Information about how to request a copy of the document in other formats.
- A children and young people's version and easy read version of the report.
- A website address for downloading the document will be added along with hyperlinks between chapters to aid navigation.
- Information about how to access the Welsh report from the English version and the English report from the Welsh version.
- Additional appendices including reports from the consultation and engagement. Key messages are already included in each chapter and a summary of the methods used is in the introduction.

Throughout the report there are sections highlighted in **blue** where links and appendices will need to be added before publication.

1.1 About the report

This report is an assessment of the care and support needs of the population in North Wales, including the support needs of carers. It has been produced by the six North Wales councils and Betsi Cadwaladr University Health Board (BCUHB) supported by Public Health Wales, to meet the requirements of the Social Services and Wellbeing Act (Wales) 2014 (the act).

The report aims to improve our understanding of our population and how it might change over the coming years to help us provide better public services in North Wales. To prepare the report we looked at statistics, spoke with our communities and made use of a wide range of information collected by local councils, health services, charities and other organisations that provide services.

The report is split into chapters based around the following themes as set out in the Welsh Government guidance.

- Children and young people
- Older people
- Health, physical disabilities and sensory impairment
- Learning disabilities and autism
- Mental health
- Carers
- Violence against women, domestic abuse and sexual violence
- Secure estate
- Veterans
- Homelessness

For information about substance misuse see the Area Planning Board Substance Misuse Needs Assessment.

Each chapter includes information about:

- How many people we are talking about, their experiences and how this compares to other areas.
- How things are likely to change in the future.
- What people are telling us about their need for support.
- What organisations are telling us about the need for support.

The report also aims to support the integration of services (joint working between health and social care). Current Welsh Government priorities for integration are:

- Older people with complex needs and long term conditions, including dementia.
- People with learning disabilities.
- Carers, including young carers.
- Integrated Family Support Services.
- Children with complex needs due to disability or illness.

Area plan

The report will be used to inform the area plan which has to be prepared jointly between the health board and local councils overseen by the Regional Partnership Board. The draft guidance on the area plan says we must include the specific services planned in response to each core theme identified in the population assessment including:

- the actions partners will take in relation to the priority areas of integration for Regional Partnership Boards;
- the instances and details of pooled funds to be established in response to the population assessment;
- how services will be procured or arranged to be delivered, including by alternative delivery models;
- details of the preventative services that will be provided or arranged;
- actions being taken in relation to the provision of information, advice and assistance services; and,
- actions required to deliver services through the medium of Welsh.

The first North Wales area plan must be published by 1 April 2018 (Welsh Government, 2016c).

The Social Services and Wellbeing (Wales) Act 2014

Local councils and health boards in Wales have produced population assessments under a new law introduced in April 2016 by Welsh Government called the Social Services and Wellbeing (Wales) Act 2014 (the act).

This is the new law for improving the well-being of people who need care and support, and carers who need support. The act changes the way people's needs are assessed and the way services are delivered - people will have more of a say in the care and support they receive. The new law also promotes a

range of help available within the community to reduce the need for formal, planned support. Each chapter includes information about the main changes likely to have an impact on the population group.

The population assessment was based on the Welsh Government guidance [\[add link\]](#) and the toolkit produced by the Social Services Improvement Agency (SSIA) [\[add link\]](#). Additional advice and support were received through the national population assessment leads network coordinated by the SSIA.

What do we mean by the terms population assessment and needs assessment?

We want to understand the care and support needs of all people living in North Wales (the population) so that we can effectively plan services to meet those needs. Deciding what is needed can be based on what people feel or say they need, what a professional assessment says they need or by comparing different groups to each other (Bradshaw, 1972). Another definition of need is where the population would benefit from health and social care involvement.

There is a difference between need, demand and supply although they overlap. Demand for health and social care services is the services that people ask for. It can change based on people's behaviour (which is influenced by age, gender, education, socioeconomic class); knowledge of services; and the influence of the media. Demand is also influenced by the supply of services, which changes based on guidelines and evidence of clinical and cost-effectiveness. Demand for health and social care increases with supply or accessibility so it often does not reflect the need for services.

A needs assessment is a way to review the health and social care issues in a population. It can help agree priorities and the way resources are allocated to improve health and social care and reduce inequalities. A needs assessment must balance the clinical, ethical and economic – what should be done, what can be done, and what can be afforded.

Different approaches to carrying out a needs assessment are:

- Epidemiological: what we know about the population, current service provision, and the effectiveness and cost-effectiveness of interventions and services.
- Comparative: comparing services between different populations although there may be other reasons for differences, not just difference in need.
- Corporate: what people tell us is needed including staff, service user and community engagement (Stevens *et al.*)

When compiling this report we tried to use as many different approaches as possible to assess what support is needed and achieve a balanced a view. We have also tried to focus on assets as well as needs, including individual strengths and local community assets.

1.2 Research methods

The population assessment was ‘engagement led’. By this we mean that we used what people were telling us about care and support needs to form our research questions. We then gathered data from many different sources to answer the questions and challenge our initial findings.

Population assessment in figures

- We reviewed over 100 existing policies, strategies and plans from across the six local councils and health board.
- We received 133 responses from organisations to our survey about people’s need for care and support.
- We used the findings from over 300 consultation and research reports.
- We and our partners held 16 events and circulated three questionnaires that reached around 260 people who use services.
- The Citizen’s Panel carried out interviews with 34 members of the public.
- Local councils arranged around 20 workshops for staff and councillors.

Consultation and engagement

Consultation and engagement methods

Local councils in North Wales have a regional citizen engagement policy (Isle of Anglesey County Council *et al.*, 2016) This is based on the national principles for public engagement in Wales and principles of co-production which informed our consultation plan. The population assessment engagement was planned by a group of staff from each local council, the health board and Public Health Wales. They began by listing the different groups of people who may be affected by the population assessment and planning for how they would involve them. This list was reviewed part-way through the project with additional opportunities to get involved planned to fill the gaps. More information is available in the [Equalities Impact Assessment](#).

The engagement plan included:

- A questionnaire for organisations that asked for their views and any supporting evidence they had, such as performance measures or consultation reports.

- Discussion groups with service users, supported by a facilitator's guide. Some counties also circulated self-completion questionnaires.
- A questionnaire for the public (people who do not use care and support services) available on the Citizen's Panel website along with interviews with Citizen's Panel members. One county also circulated an additional questionnaire for people who do not use care and support services.
- Workshops with staff and councillors arranged by each local council.
- A review of relevant research and consultation including legislation, strategies, commissioning plans, needs assessments and consultation reports.

The consultation was publicised widely through the county voluntary councils in North Wales and various other regional networks. The local councils and health board promoted it through their websites, Facebook and Twitter pages. Press releases were sent to the Leader newspaper, Wrexham.com, Daily Post, BBC Wales as well as both Capital and Heart Radio. Specific groups, including people with protected characteristics, were contacted through existing groups and networks (see Equalities Impact Assessment). A quarterly newsletter was produced giving updates about the project for staff and partner organisations which also helped identify groups to contact about the consultation and engagement. There are still people we were not able to reach in the timescale who will be our priority for the next phase of the project.

Running in parallel with this population assessment was the production of well-being assessments for Well-being of Future Generations (Wales) Act 2015. North Wales has four Public Service Boards who were preparing for this. Where possible, any engagement taking place was planned to meet the needs for both assessments. In some areas this involved sending out joint questionnaires while others held joint workshops and discussion groups.

1.3 Preventative services

A North Wales project took place in 2015 to look at early intervention and prevention services in readiness for the act supported by the North Wales Social Care and Well-being Improvement Collaborative (NWSCWIC). The aim was to develop a framework of targeted interventions; contribute to the population assessment; provide a baseline for integrated commissioning and procurement; and to support consistent eligibility thresholds. The group assessed evidence and local needs assessments to identify 'root causes' or trigger factors that lead people to contact services and which in many cases lead to people receiving managed care and support services. They looked at interventions that could address the trigger factors and linked them to the well-being outcomes from the act. The group then developed a risk assessment tool to look at the accessibility, funding and organisation risks relating to the

availability of each intervention in each county. This information was used to generate priorities for future work.

In addition, as part of the population assessment the Public Health Wales Evidence Service carried out a literature search to identify the evidence base for each of the interventions described.

This work forms part of the overall North Wales population assessment and is available here: [evidence base](#).

Advocacy

'Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need.

Advocates and advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice (Action for Advocacy, 2002)'

Advocacy is part of the portfolio of preventative services available and was included in the early intervention and prevention risk assessment exercise. In addition, NWSCWIC commissioned research into citizen voice and control in North Wales (Wavehill, 2016). This research includes a summary of the independent advocacy services across North Wales for children, young people and adults which forms part of the population assessment.

In the next phase of the project, preparing plans and strategies in response to the population assessment, we need to look at council and local health board commissioning arrangements for advocacy services to recognise and respond to any potential overlap in arrangements. This will involve working closely with the Age Cymru Golden Thread Programme funded by Welsh Government. This programme aims to improve the well-being of individuals through advocacy and to give them a stronger voice; improve the understanding of advocacy, and; work with local councils and service providers to support the development and commissioning of services.

1.4 Governance

Project governance

The North Wales Social Care and Wellbeing Services Improvement Collaborative set up a regional steering group to lead the population assessment work with technical, engagement and theme-based groups to lead on specific tasks. The steering group was chaired by Jenny Williams, Director of Social Services, Conwy County Borough Council and Andrew Jones, Executive Director of Public Health, BCUHB. Each group included members from each

North Wales local council, BCUHB and Public Health Wales. A governance structure is attached in appendix 1.

An interim report on the project plan was produced in July along with regular highlight reports which were shared with regional boards through Partnership Friday, Public Service Boards and local councils. Project newsletters were produced quarterly (in March, June and September 2016) and circulated widely through representatives from each council and health board.

North Wales Regional Commissioning Board

Local councils and the health board in North Wales have a responsibility to make sure that they have arrangements in place to enable effective strategic planning, delivery and purchasing of services to deliver their statutory responsibilities. This planning activity needs to take into account the Social Services and Well-Being (Wales) Act 2014, Future Generations Act and the Regulation of Social Care (Wales) Act 2016.

In order to do this, North Wales has a Regional Commissioning Board which is co-chaired by a Director of Social Services from one of the councils and an Area Director from BCUHB.

The Regional Commissioning Board reports to the Partnership Board, which has powers and responsibilities as defined under Part 9 of the Social Services and Well-Being (Wales) Act 2014.

The Regional Commissioning Board oversees strategic social care and health developments across adults and children's services, ensuring services are based on best practice, are sustainable and provide value for money.

Local councils and health boards are required to work with citizens, third sector services and other service providers to develop local plans in response to the population needs assessment. These can include a:

- **Market Position Statement:** aims to give a clear statement about the strategy and approach to the development of services in a particular area; this should provide information to the 'market' (service providers) to help them make good business judgements.
- **Commissioning Plan / Strategy:** takes account of what services are in place already and how well they respond to what people need now and in the future, what policy and/or legislation says. The plan or strategy should then detail how the commissioning authorities (councils and /or health board) are going to use their resources (including money, people and buildings) to best meet those needs. This may mean stopping delivering services that do not provide evidence that they meet needs or delivery quality or value for money and detailing how else those needs will be met in the future.

1.5 North Wales population overview

North Wales has a resident population in the region of 690,000 people living across an area of around 2,500 square miles. Gwynedd in the west is the least densely populated area with 49 people for each square kilometre and Flintshire in the east is the most densely populated area, 350 people for each square kilometre.

The population of North Wales is expected to increase to 720,000 by 2039. The increasing population of North Wales can be explained by an increasing birth rate and a decreasing mortality rate, which has led to extended life expectancy (Welsh Government, 2016a).

The population of most local council areas in Wales is projected to increase between 2014 and 2039. Wrexham is projected to have the second largest increase in Wales (10%); the populations of Gwynedd and Wrexham are projected to increase steadily; the Isle of Anglesey's population is projected to decrease steadily; and the populations of Conwy, Denbighshire and Flintshire are projected to increase then decrease, but remain higher in 2039 than in 2014.

Isle of Anglesey

The 2.6% decrease in the Isle of Anglesey's population (almost 2,000 people) is due to natural changes. While there will be fewer children and young people, the number of people aged 75 years and over is projected to increase by around 5,500.

Gwynedd

Between 2014 and 2039, the population of Gwynedd is projected to grow by 8.4% (just over 10,000 people). Nearly all of the increase is anticipated to be in the population aged 75 and over, with the population aged 85 and over projected to increase by 122% (4,700 people). About 75% of the projected increase will be due to net migration (7,800).

Conwy

The population of Conwy is projected to increase by 1.7% (almost 2,000 people) between 2014 and 2039. The county's younger population is projected to fall, while the population aged 75 years and over is projected to increase by around 10,000. Net migration will account for an increase of 12,600 in the population, which will be driven by internal migration; natural change will be down 4,100.

Denbighshire

Denbighshire's population is projected to increase by 2.7% (around 2,500 people) between 2014 and 2039. The population aged 75 years and over is projected to increase by 7,500, while the population aged 18 to 74 years is projected to decrease by 4,800. Net migration will account for an increase of 6,600 in the population, driven by migration; natural change will be down by 4,100.

Flintshire

The population of Flintshire is projected to increase by 1.3% (around 2,100 people). Females aged under 59 years and males aged under 64 years are projected to decline; the population aged 75 years and over is projected to increase by 13,300. Net migration will account for a decrease of 1,000 in the population between 2014 and 2039 (driven by internal migration); national change will account for a further 3,000 increase.

Wrexham

Between 2014 and 2039, the population of Wrexham is predicted to increase by 9.7% (around 13,300 people). The numbers of the youngest members of the population, aged 0-4 years and 5-10 years are projected to fall, with the largest increases in the older age groups. Net migration will account for an increase of 8,600 in the population, which will be driven by international migration; natural change will account for a further increase of 4,700.

Welsh language

'One of the key principles of *More than just words*... is the Active offer. An Active Offer simply means providing a service in Welsh without someone having to ask for it. It means creating a change of culture that takes the responsibility away from the individual and places the responsibility on service providers and not making the assumption that all Welsh speakers speak English anyway.' (Welsh Government, 2016b)

Each chapter of the report includes a section on the need for Welsh language provision to support the population and meet the principles of *More than just words*. In particular, groups where the Welsh language is an even more critical or fundamental element of service provision are:

- children and young people;
- older people;
- people with learning disabilities;
- people with mental health issues;
- people with dementia;
- people who have had a stroke; and,
- people who need support from speech and language therapy services.

In North Wales, Gwynedd has the highest proportion of Welsh speakers, 65%, although this can be higher in some areas of the county. Elsewhere in North Wales, 57% of residents on the Isle of Anglesey speak Welsh, 27% in Conwy and 25% in Denbighshire. The proportion of Welsh speakers in Flintshire (13.2%) and Wrexham (12.9%) is lower than the average for Wales. All local council areas across North Wales have experienced a decline in the proportion of Welsh speakers between the 2001 and 2011 Census, with the largest decline occurring in Gwynedd (-3.6%). Just over half (53%) of Welsh speakers in North Wales are fluent in the language and 63% speak Welsh on a daily basis; in Gwynedd, 78% of Welsh speaking residents are fluent and 85% speak Welsh every day.

The level of Welsh speaking, particularly in the north west of the region, influences the number of people choosing to access services in Welsh. In Gwynedd, 37% of people attempt to use the Welsh language at all times when contacting public services. In primary care, 1.8 GPs per 100,000 population in North Wales can speak Welsh; at local council level, Gwynedd has the highest rate, 4 GPs per 100,000 population that can speak Welsh and Flintshire has the lowest, 0.5 per 100,000 population. Among other health professionals in North Wales, speech and language therapists have the highest percentage of Welsh speakers (46%), followed by paramedics (44%); just over 30% of nurses working in the region can speak Welsh (Public Health Wales, 2016c). Across North Wales, 81% of businesses have staff with Welsh language skills, with 45% of employees in Gwynedd always speaking Welsh with colleagues and 31% on the Isle of Anglesey (North Wales Economic Ambition Board, 2016).

Poverty and deprivation

In North Wales, 12% of the population live in the most deprived communities in Wales compared to 19% across Wales; however, this masks considerable pockets of deprivation across the region, some of which are among the highest levels of deprivation in Wales. Rhyl West 2 (Denbighshire) and Queensway 1 (Wrexham) are the second and third most deprived areas in Wales. Three further areas in Rhyl (Rhyl West 1, Rhyl West 3 and Rhyl South), are in the top twenty most deprived areas in Wales (Welsh Government, 2014).

People living in the most deprived areas live on average shorter lives than those living in the least deprived areas. Gwynedd has the lowest inequality gap in the whole of Wales for males (3.4 years); Denbighshire has the fourth highest in Wales (11 years). This suggests that men in the most deprived areas of Denbighshire live, on average, 11 years less than those in the least deprived areas in the same county. The difference for women is also largest in Denbighshire, where women in the most deprived areas of the county live, on average, 8.4 years less than those in the least deprived areas of Denbighshire (Public Health Wales, 2016b).

Educational outcomes have an impact on income and living standards, which in turn impact on physical and mental health. Across North Wales, the percentage of residents aged 16 to 74 years who have no academic or professional qualifications is lower than the average for Wales (25.9%), with the exception of Wrexham (26.7%). There is considerable variation at local level within counties (Office for National Statistics, 2011).

Unemployment is associated with financial problems, distress, anxiety, depression and poor health related behaviours. Just over 5% of working age residents in Wales have never worked or are long-term unemployed. Across North Wales, all six local councils are below the average for Wales; however, there is considerable variation within counties (Office for National Statistics, 2011).

Housing has an important effect on health, education, work, and the communities in which we live. Across Wales, 77% of people in owner occupied houses were very satisfied with their accommodation, compared with 52% of people in private rented accommodation and 48% of people in social housing (Welsh Government, 2015a).

The majority of people in Wales report having enough money to heat their home; however, there is a difference across tenure type with 96% of people in owner-occupied housing having enough money to heat their home compared to 89% of private rented tenants, and 87% of those in social housing (Welsh Government, 2015a).

There has been a rapid rise in homelessness in Wales, with a 16 to 25% increase between 2007 and 2012. This then presents an average in Wales of 39 households accepted as homeless per 10,000 households (Public Health Wales, 2016a).

A safe environment, free from crime, contributes significantly to community cohesion and people's sense of well-being. Anxiety over crime can impact people's mental health. Deprived neighbourhoods with empty properties, unmaintained housing, graffiti and visible signs of criminal activity are strongly related to the fear of crime, which is associated with poor self-rated health and well-being. Across North Wales, almost 81% of residents feel safe after dark, the same as the Wales average. Local council levels range from 74% in Wrexham to 89% in Gwynedd. In North Wales, 74% of residents are satisfied with the local area, which is just above the average for Wales, 71%. Local council satisfaction levels range from 70% in Wrexham to 77% on the Isle of Anglesey (Public Health Wales Observatory, 2015).

Health

Chronic conditions can have a significant impact for individuals, families and health and social care services. The Isle of Anglesey has the highest percentage of patients registered as having a chronic condition (39%) and Gwynedd has the lowest (33%). Hypertension is the condition with the highest number of patients on the register (Public Health Wales Observatory, 2016).

Heart disease, cancers and respiratory disease are the three leading causes of death and premature death in North Wales, which share common risk factors – tobacco, alcohol, physical inactivity and unhealthy diet. Health-related behaviours are strongly related to deprivation and there are variations across North Wales.

Rates of smoking vary considerably by area, in line with levels of deprivation and by socio-economic gradient. Twenty two percent of adults in North Wales report being a smoker, compared to 20% across Wales. The Isle of Anglesey and Denbighshire have the highest smoking prevalence, 24% (Welsh Government, 2015b).

Over half of the population of North Wales (58%) report being overweight or obese, which is just below the average for Wales, 59%. Across North Wales, Gwynedd has the lowest percentage of overweight and obese adults, 53% and Denbighshire has the highest, 61% (Welsh Government, 2015b).

Levels of overweight and obesity in children have also increased dramatically, and are a significant cause of chronic illness in childhood. Just under 28% of children aged four and five years in North Wales are overweight, compared to just over 26% across Wales. The Isle of Anglesey has the highest percentage of overweight four and five year olds in Wales, 32% (Public Health Wales, 2014/15).

1.6 Limitations, lessons learned and next steps

Preparing a single accessible population assessment across six counties and one health board area within the timescales set has been a challenging process. There has been a tremendous amount achieved within the timescales thanks to the efforts of: the project team; the project steering group, technical group and engagement group; partner organisations who contributed information and guidance; members of staff, elected members, service users and members of the public who took part in the engagement; the chapter writing groups; and the many people who reviewed and commented on early drafts of each chapter.

Nevertheless, there is plenty that we have learnt from the process and more that needs to be done. The population assessment should be seen as the start

of a process rather than a finished product. Where there are limitations identified in the report these can be addressed in work on the area plan and in the population assessment review. The guidance states the assessment needs to be reviewed in at least two years' time, while the toolkit advises more frequent reviews.

Some of the issues identified during the process that need to be addressed are listed below.

- The report will provide an evidence base for services and strategies and underpin the integration of services and support partnership arrangements. It should be a useful tool for planners and commissioners in local authorities and health, however, there is still a need for commissioning strategies and market position statements to set out the local vision and plan for services in an area and the support available for providers.
- The report includes a summary of services available at the moment but does not describe them in detail or attempt to map out all local provision. Due to the complexity of this task it may be best to prioritise areas for this type of review.
- The report includes some high-level service performance measurement information but does not include detailed analysis of performance indicators outside of what was included in the national data catalogue or analysis of budgets or actual service spend.
- There are groups we were not able to include in the consultation and engagement which should be a priority for future work. More information is available in the engagement plan and Equalities Impact Assessment [\[add link\]](#).
- The report needs to be publicised widely to build on links made to date and reach people who have not had an opportunity to be involved in the first phase of the project.
- Making the links between the population assessment and the well-being assessments produced by the Public Service Boards. The population assessment includes people's care and support needs while the well-being assessment covers prosperity, health, resilience, equality, vibrant culture, global responsibility and cohesive communities. The assessments have taken place in parallel and officers involved in both have worked together on elements of the projects but more connections will emerge as they are published.
- There are people who have care and support needs whose particular needs fall outside the themes covered in the report chapters. More work needs to

be done to identify their needs along with people who have multiple and complex needs.

In addition to the above there are specific issues identified at the end of each chapter for future work.

There have also been lessons learned about the process which have been recorded and will be used to inform the work on the area plan and population assessment review.

1.7 Further information

There was much more information collected to inform this report than it has been possible to include. The following background information is available on request [\[add link to contact details on website\]](#):

- Data catalogue listing over 300 different population indicators and performance measures recommended by Welsh Government for the population assessment.
- Downloaded data from the data catalogue for each of the six North Wales counties. Please note, this data is also available from sites including Stats Wales, Daffodil Cymru and NOMIS where it may have been updated since it was downloaded for the population assessment. The original data source is listed on the data catalogue. The total file size is too large to send by email so please specify the data you are interested in.
- Access to the reference library used for the population assessment stored in Endnote online or a copy of the full reference list or individual chapters in rich text format.

Appendix 1: North Wales Population Assessment Governance Structure

Other regional work areas requiring updates

Integrated Services Board

Commissioning Board

Workforce Board

BCUHB Internal Governance

Governance

North Wales Partnership Forum

North Wales Leadership Group

Population Assessment Steering Group

Partnership Friday

Resources

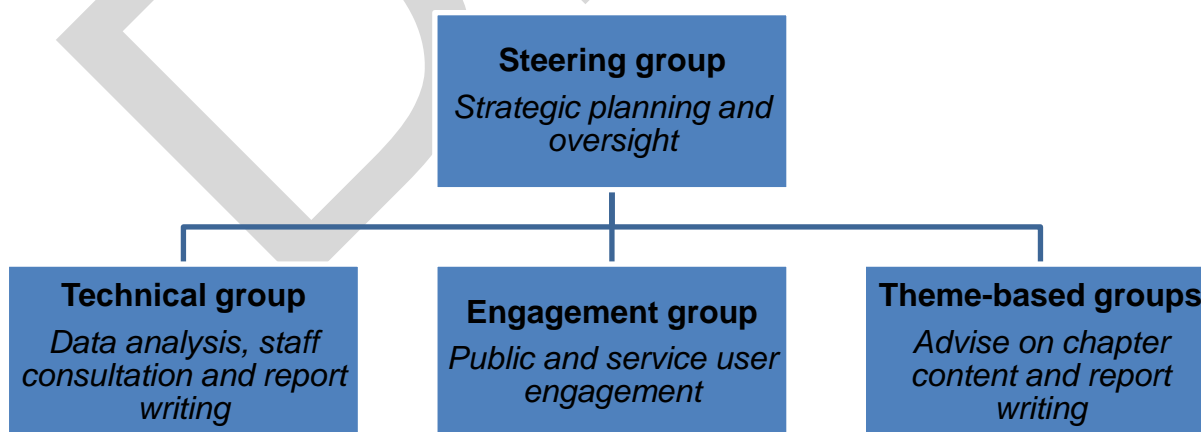
Regional Programme Manager

Regional Project Manager

Partner Organisation Resources

Individual Local Authority

Project management structure



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Draft

2 Children and young people

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2.0 About this chapter

This chapter focusses on the care and support needs of children and young people. It is organised around the following themes:

- 2.1 Population overview**
- 2.2 Children and young people who have a need for care and support: previously 'child in need', including refugees and asylum seekers**
- 2.3 Children and young people on the child protection register**
- 2.4 Looked-after children and young people (including fostering, adoption, care leavers and children in children's homes placed by other local authorities)**
- 2.5 Children involved in crime, anti-social behaviour and who are victims of crime**
- 2.6 Children with disabilities**
- 2.7 Children and young people's mental health**
- 2.8 Early intervention and prevention**

There is more information about the needs of children and young people in other chapters of the report.

- Health, physical disabilities and sensory impairment [\[Add link\]](#)
- Learning disabilities and autism [\[Add link\]](#)
- Carers [\[Add link\]](#)
- Mental health [\[Add link\]](#)
- Violence against women, domestic abuse and sexual violence [\[Add link\]](#)
- Secure estate [\[Add link\]](#)
- Veterans [\[Add link\]](#)
- Homelessness [\[Add link\]](#)

Specific information can be found on:

- Transition: included in all other relevant chapters
- Young carers: included in the carers chapter
- Child poverty: there is a link between child poverty and the needs for care and support which are highlighted in this chapter. This is an issue that needs to be tackled at a local, regional and national level. For more information please see the regional vulnerable families' needs assessment produced for

the North Wales Families First Programmes and the Wellbeing Assessments being produced by the Public Service Boards [\[add links\]](#)

- Young people in the secure estate: included in the secure estate chapter

How will the Social Services and Well-being (Wales) Act 2014 (the act) change things?

The principles of the act are:

- People: putting the individual at the centre by giving them a stronger voice and control over services they receive.
- Well-being: supporting people to achieve their own well-being building on a person's circumstances, capabilities, networks and communities.
- Earlier intervention: more preventative services supporting people before their needs become critical.
- Working together: stronger partnership working between all parties involved.

There is an overarching duty in the act to promote well-being. The definition of well-being includes: physical and mental health and emotional well-being; protection from abuse and neglect; education, training and recreation; family and personal relationships; involvement in the local community; securing rights and entitlements; social and economic well-being (including not living in poverty); and living in suitable accommodation.

Change to concept of 'child in need'

The concept of a 'child in need' in the Children Act 1989 is not replicated in the new act (Welsh Government, 2016). The act refers to children and young people who have a need for care and support, which is defined around ability to achieve the well-being outcomes outlined in the act around education, health and so on.

Assessments and processes

Care and support planning and review (Care Council for Wales, 2015a)



Under the new act every child who needs care and support will have a care and support plan, which will replace the children in need plan, child protection plan and looked after children plan. Local councils are currently moving towards this system.

If a referral is received for child who needs a service then they will be assessed. If they need a social care service they will have a care and support plan. If the case then becomes a child protection case, the care and support plan will be kept but the content would change to focus on child protection. Eligibility will consider the family as a whole with children's services providing support only where the family cannot meet the child's needs and achieve the outcomes outlined in the act around education, health and so on.

There will be a focus on 'what matters' conversations, a proportionate seamless assessment from lowest to highest levels of need, a broader focus on information, advice and assistance and a strength-based approach.

Child protection

Children's pathway (Care Council for Wales, 2015b)



There is a new definition of a 'child at risk'

'A child at risk is a child who is experiencing or is at risk of abuse, neglect or other kinds of harm, and has needs for care and support (whether or not the local authority is meeting any of those needs).'

There is a new duty to report a child at risk for all relevant partners of a local council. There is a duty for a local council to make enquiries (linking into section 47 of the Children Act) if they are informed that a child may be at risk; and to take steps to ensure that the child is safe.

There is also a change to the assessment process. Previously there were two assessments: an initial assessment (that would be completed and closed) then a further assessment if needed. Under the act the aim is to have one single, comprehensive, portable assessment. Local councils in North Wales are working towards a template for the region. The case may still be closed after an initial assessment if there are no needs identified but if support is needed the assessment would continue.

Early intervention and prevention

The act encourages a focus on prevention and early intervention.

Information, advice and assistance

Information, advice and assistance (IAA) is an important element of the new act.

The Code of Practice [\[add reference\]](#) states that:

'It [IAA] should be considered to be a preventative service in its own right through the provision of high quality and timely information, advice and assistance.'

All efforts should be made to reduce duplication and ensure the information and advice is offered by the most appropriate and skilled staff. Local authorities **must** ensure that they take account of what other information, advice and assistance services are available when designing and developing their service. Other information and advice services should not be duplicated and should either be integrated with the information, advice and assistance service or easily accessible via the service. Local authorities, working with their regional partners, **must** ensure that advice services and helplines, such as MEIC and the family information service, are linked and used effectively to develop reliable coverage for all people.

Family Information Services already contribute to this duty as part of their functions outlined in Section 27 (Information Duty) of the Childcare Act (2006) delivering an IAA service to parents and professionals. North Wales FIS work in partnership with BCUHB Paediatric & Neonatal Service Manager to provide information outreach for families in the 3 neonatal units, supporting new parents to find services and support relevant to their situation.

There can be a perception with families and professionals that there is a lack of information and services in their locality. IAA services should be geared up to help enquirers to find information and services relevant for families' individual needs.

A focus on early support and preventative services may result in a family's needs being met through help with access to universal services such as a childcare setting, a leisure activity or social activity. The FIS will have a comprehensive database which is regularly updated and the skilled staff who can help identify a family's information and support needs.

There is a regional project looking at models across North Wales including how to monitor how effective the support is.

Family Information Services

Family Information Services already contribute to the IAA duty in the act as part of their functions outlined in Section 27 (Information Duty) of the Childcare Act (2006) delivering an IAA service to parents and professionals.

Information from Family Information Services should be used to inform the population assessment. Some Family Information Services provided information in response to the organisation survey distributed but it is recommended a more systematic approach is taken in future.

Looked after and accommodated children and young people and those leaving care

Part 6 of the act is specifically about looked after and accommodated children and young people and those leaving care and replaces most of Part III of the Children Act 1989 (Care Council for Wales, 2015a). It aims to de-escalate the need for formal intervention in the lives of children and young people and

strengthen the capacity of families to care for their children wherever it is safe to do so. Where it is necessary to look after a child, it seeks to achieve greater stability for children by increasing the choice of placements locally, supporting continuation of important relationships and school life, and finding the right permanency solution sooner.

The principal duty of the Act in relation to looked after children (section 78) is to safeguard and promote the child's well-being.

When I am Ready

The act creates a new duty for local councils towards young people in foster care who wish to continue living with their foster parents beyond the age of 18 called 'When I am Ready'. The new duty came into force on 1 April 2016. The six North Wales councils worked together to develop the new policies, communication and training materials to implement the scheme. There is also a regional project to improve the recruitment of foster carers to help mitigate the impact of the new scheme on the number of foster placements available.

Disabled children

Disabled children were classified as 'children in need' under the Children Act 1989. They were therefore entitled to services under the 1989 Act, but also to extra services because of disability, under schedule 2 part 1 paragraph 6 of the Act. Provision of section 17 services was discretionary. This has changed under the new act and disabled children and their carers who need care and support will be assessed under Part 3.

In addition to the new act the Additional Learning Needs and Education Tribunal Bill 2015, expected to be introduced this December 2016, will reform the way the education and health sectors provide for children and young people with additional learning needs. The bill will reform the current system which does not always support children and young people with additional learning needs to achieve their full potential. The bill introduces and gives a legal foundation to the wider concept of 'Additional Learning Needs' (ALN) which aims to shift away from a reliance on statements of special educational need.

Children's Rights

Welsh Government has adopted the United Nations Convention on the Rights of the Child (UNCRC) as the basis for policy making for children and young people in Wales. There are 54 articles in the convention. Articles 1-42 set out how children should be treated which can be broadly grouped into articles around participation, protection and provision. Articles 43-45 are about how

adults and governments should work together to make sure all children are entitled to their rights (Welsh Government, 2015).

Play sufficiency duty

Play is a fundamental part of a healthy childhood and it is every child's right to be able to play. This is enshrined within article 31 of the United Nations Convention on the Rights of the Child (UNCRC) and further defined within General Comment 17. Each local council in North Wales has produced a play sufficiency assessment as part of their play sufficiency duty. These are available in the document library collated to inform the population assessment.

Childcare sufficiency assessments

The Childcare Act 2006 requires local councils in Wales to: undertake childcare sufficiency assessments; ensure sufficient childcare; and provide information, advice and assistance to parents, prospective parents and those with parental responsibility or care of a child, relating to childcare. The North Wales child care sufficiency assessments are available in the document library collated to inform the population assessment.

Further information

See [appendix 1](#) for more detail on the new act.

Further information is available at the Care Council for Wales information and learning hub <http://www.ccwales.org.uk/getting-in-on-the-act-hub/>

2.1 Population overview

Definitions

The children and young people chapter includes those aged 0 to 18 as well as those eligible for services until they are 25 including children with disabilities and care leavers.

What do we know about the population

In 2015, there were around 124,000 children aged 0-15 in North Wales (Office for National Statistics, 2016). There has been very little change in the number of children between 2011 and 2015 across North Wales or in each county as shown in Table 2.1. This trend is likely to continue over the next 25 years as shown in Figure 2.1 with an overall increase of around 1% (280 children).

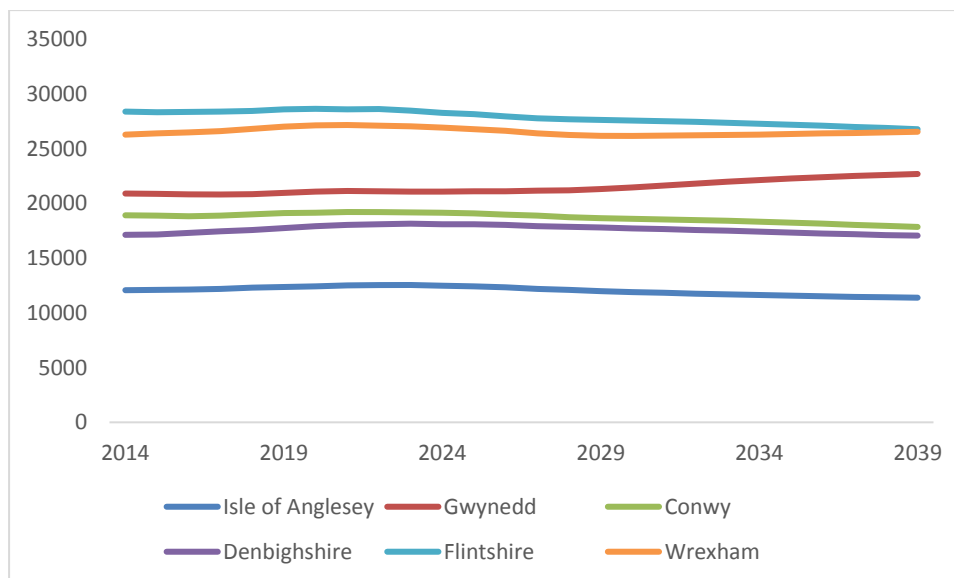
There are some small differences within the counties. Denbighshire's population of children aged 15 and under is projected to remain the same by 2039, while Anglesey, Conwy and Flintshire will see a decrease of around 6%. Gwynedd is the only county where the projections estimate an increase in the number of children of around 9% (1,800 children).

Table 2.1 Number of children aged 0-15

| | 2011 | 2012 | 2013 | 2014 | 2015 |
|--------------|---------|---------|---------|---------|---------|
| Anglesey | 12,000 | 12,000 | 12,000 | 12,000 | 12,000 |
| Gwynedd | 21,000 | 21,000 | 21,000 | 21,000 | 21,000 |
| Conwy | 19,000 | 19,000 | 19,000 | 19,000 | 19,000 |
| Denbighshire | 17,000 | 17,000 | 17,000 | 17,000 | 17,000 |
| Flintshire | 29,000 | 28,000 | 28,000 | 28,000 | 28,000 |
| Wrexham | 26,000 | 26,000 | 26,000 | 26,000 | 26,000 |
| North Wales | 123,000 | 124,000 | 124,000 | 124,000 | 124,000 |

Numbers have been rounded so may not sum.

Source: Welsh Government Mid-year-estimates, StatsWales

Figure 2.1 Population projections, children aged 15 and under (2014 based)

The health of children and young people in North Wales

- The majority of children and young people are healthy and satisfied with their lives.
- Around 5% of babies in North Wales are born with a low birth weight (under 2500g) putting them at risk of health problems in childhood and throughout life. Possible causes include smoking, poor diet, obesity, teenage pregnancy, and sexual infections.
- North Wales has the second highest infant mortality rate (deaths under 1 year old) across Wales and is just above the Welsh average. Infant mortality rates range from 4.1 per 1,000 live births in Wrexham to 5.4 per 1,000 live births in Conwy. Neonatal mortality rates (deaths under 28 days old) range from 2.9 per 1,000 live births in Wrexham to 3.8 per 1,000 live births in Anglesey and Conwy.
- Only 58% of new-born babies are breastfed, an intervention which provides extensive health benefits including prevention of obesity and respiratory infections.
- Not all 4 year olds in North Wales are up to date with their routine immunisations, leaving many older children still susceptible to vaccine preventable diseases such as measles. There has been a recent dip in immunisation rates across the country.
- A quarter of children in North Wales aged 4-5 years are overweight or obese: a significant cause of chronic illness in childhood, with potentially profound impacts on future health and wellbeing. Preventative interventions include breastfeeding, delayed weaning, cooking skills, physical activity and enough sleep.

- More than a quarter of 16-24 year olds smoke. Among 11-16 year olds in North Wales, 3% of boys and 4% of girls smoke.
- 43% of 16-24 year olds have drunk above the recommended guidelines at least one day in a week. Among 11-16 year olds, 17% of boys and 14% of girls drink alcohol at least once a week (Public Health Wales, 2016c).

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2.2 Children and young people who have a need for care and support

Definition

Under the Social Services and Well-being (Wales) Act 2014 the eligibility criteria for children with needs for care and support is:

The need of a child... meets the eligibility criteria if –

(a) Either –

- (i) the need arises from the child's physical or mental ill-health, age, disability, dependence on alcohol or drugs, or other similar circumstances; or
- (ii) the need is one that if unmet is likely to have an adverse effect on the child's development;

(b) the need relates to one or more of the following –

- (i) ability to carry out self-care or domestic routines;
- (ii) ability to communicate;
- (iii) protection from abuse or neglect;
- (iv) involvement in work, education, learning or in leisure activities;
- (v) maintenance or development of family or other significant personal relationships;
- (vi) development and maintenance of social relationships and involvement in the community; or
- (vii) achieving the developmental goals;

(c) the need is one that neither the child, the child's parents nor other persons in a parental role are able to meet, either –

- (i) alone or together,
- (ii) with the care and support of others who are willing to provide that care and support, or
- (iii) with the assistance of services in the community to which the child, the parents or other persons in a parental role have access; and

- (d) the child is unlikely to achieve one or more of the child's personal outcomes unless –
- (i) the local authority provides or arranges care and support to meet the need; or
 - (ii) the local authority enables the need to be met by making direct payments (National Assembly for Wales, 2015).

This is a change to the previous definition and concept of a 'child in need'. As data is not yet available that uses the new definition, for the purposes of this population assessment we have used data about 'children in need' as a proxy.

What we know about the population

Although there has not been much change in the overall number of children in North Wales, the number of referrals to children's services shows a more mixed picture. In North Wales overall there was a fall in referrals from 10,000 in 2011-12 to 8,000 in 2015-16. There was considerable variation year to year within and between counties too as shown in 2.2 below.

Table 2.2 Number of referrals to children's services received during the year

| | 2011-12 | 2012-13 | 2013-14 | 2014-15 | 2015-16 |
|--------------|---------|---------|---------|---------|---------|
| Anglesey | 1,388 | 1,111 | 1,463 | 1,596 | 1,317 |
| Gwynedd | 2,064 | 1,656 | 1,476 | 1,435 | 1,471 |
| Conwy CB | 682 | 686 | 868 | 723 | 519 |
| Denbighshire | 853 | 799 | 773 | 670 | 625 |
| Flintshire | 821 | 709 | 1,220 | 1,825 | 2,492 |
| Wrexham | 4,213 | 3,076 | 3,272 | 3,567 | 1,866 |
| North Wales | 10,021 | 8,037 | 9,072 | 9,816 | 8,290 |

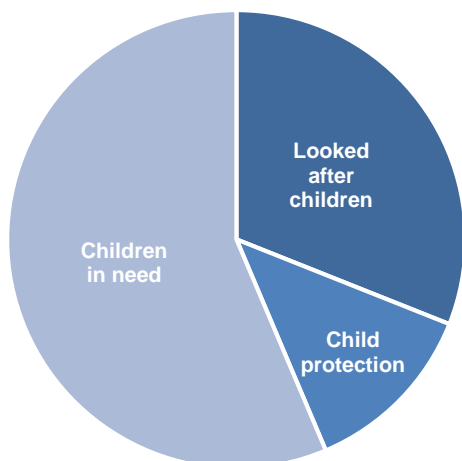
Source: Welsh Government, StatsWales

The number of referrals reflects the demand on children's services. However, it does not necessarily reflect a change in the need for care and support. The number of referrals is affected by staff awareness, attitudes to risk and reporting as well as initiatives that aim to intervene earlier with families to prevent the need for a referral to children's services. Feedback from staff suggests there can be high numbers of referrals where no further action is needed. In 2014-15 around 43% of referrals did not proceed to allocation for initial assessment.

We cannot tell at the moment how referrals may change after the new act widens the eligibility for an assessment.

Figure 2.2 shows the proportion of children in need that are looked-after, under child protection and other children in need, which includes disabled children.

Figure 2.2 Proportion of children in need by looked-after status, North Wales, 2015



Source: Stats Wales

In 2015, there were around 3,300 children in need across North Wales. This is 200 children in need for each 10,000 children in the population which is slightly lower than the rate for Wales as whole of 260 children in need for each 10,000 children in the population. Table 2.3 shows that the numbers vary across North Wales and over time with no clear trend.

Table 2.3 Number of children in need, North Wales, 2011-2015

| | 2011 | 2012 | 2013 | 2014 | 2015 | Rate per 10,000 |
|--------------|-------|-------|-------|-------|-------|-----------------|
| | | | | | | 2015 |
| Anglesey | 330 | 380 | 330 | 300 | 260 | 170 |
| Gwynedd | 650 | 670 | 720 | 760 | 730 | 240 |
| Conwy | 580 | 540 | 630 | 720 | 690 | 260 |
| Denbighshire | 570 | 610 | 390 | 380 | 390 | 170 |
| Flintshire | 490 | 430 | 450 | 600 | 500 | 130 |
| Wrexham | 960 | 650 | 850 | 760 | 700 | 210 |
| North Wales | 3,600 | 3,300 | 3,400 | 3,500 | 3,300 | 260 |

Numbers have been rounded so may not sum.

Source: Welsh Government, StatsWales

All local councils used the same definition of a 'child in need' from the Children Act 1989 although the interpretation of this definition and recording of cases can vary in practice which may explain some of the differences above. For example,

the drop in number of cases in Wrexham between 2013 and 2014 was due to a change in processes rather than a change in the need or demand for services. Recording data for the children in need census has been a difficult process to automate which partly explains the differences year to year and between counties. There may also be differences in service structures between the counties which may affect the figures, for example, a family with particular needs may be supported by children's services in one county but by a team aiming to intervene earlier with families in another county such as the Team Around the Family. The data has therefore been used in this assessment to give an overall picture for North Wales rather than to compare counties, but this information is available on Stats Wales <https://statswales.gov.wales/Catalogue>. There is more information about looked-after children and children in need of protection in sections 2.3 and 2.4

Table 5.1 shows the number of children in need by age group across North Wales. The age groupings are helpful for showing the amount of age-appropriate services needed, although it should be noted when comparing them directly that the groupings are different sizes, for example age 10-15 covers six years while age 16 to 17 covers two. There are proportionally more 16-17 year olds than any other age group.

Table 2.4 Number of children in need, by age, North Wales 2015

| | Under 1 | Age 1 to 4 | Age 5 to 9 | Age 10 to 15 | Age 16 to 17 | Age 18+ |
|--------------|---------|------------|------------|--------------|--------------|---------|
| Anglesey | 15 | 50 | 80 | 70 | 30 | 15 |
| Gwynedd | 30 | 120 | 190 | 230 | 85 | 70 |
| Conwy | 20 | 100 | 155 | 220 | 75 | 120 |
| Denbighshire | 30 | 105 | 90 | 115 | 35 | 0 |
| Flintshire | 25 | 110 | 125 | 140 | 55 | 50 |
| Wrexham | 30 | 155 | 195 | 225 | 75 | 0 |
| North Wales | 150 | 640 | 835 | 1000 | 355 | 255 |

Source: Welsh Government, Stats Wales

The primary issues affecting each age group may vary, for example, for 0-5 year olds the issues may be neglect whereas for teenagers behaviour may be the symptom of underlying issues at home. More information about this could be included in future population assessments. It may be possible to use this as a baseline for monitoring the impact of prevention and earlier intervention services in reducing the numbers of children needing care and support from children's services.

Table 2.5 shows that the greatest number of referrals came from the police and within council's own social services departments, 21% each in 2015. This was

closely followed by other council departments (including other local councils) making 18% of referrals and primary or community health 15%.

Table 2.5 Referrals by agency, North Wales, 2015

| | Number of referrals | Percentage |
|----------------------------------------------|------------------------|------------|
| Police | 690 | 21 |
| Social services department (own) | 690 | 21 |
| Council department (own or other council) | 580 | 18 |
| Primary or community health | 500 | 15 |
| Other agency | 290 | 9 |
| Family, friend or neighbour | 250 | 8 |
| Secondary health | 110 | 3 |
| Other individual | 80 | 2 |
| Independent provider | 50 | 1 |
| Central government | 20 | 0 |
| Housing | 10 | 0 |
| Self-referral | 10 | 0 |
| Total | 3,300 | 100 |

Source: Welsh Government, StatsWales

The reasons for referrals into children's services are listed in Table 2.6. Nearly half of referrals to children's services were due to abuse or neglect. The next most frequent reasons given were the child's disability or illness (21%), family dysfunction (15%) or family in acute stress (9%). Families may be referred for more than one reason, so this list reflects the main reason recorded.

Police referrals are made using Form CID 16 that officers complete after attending domestic abuse, child abuse and vulnerable adults incidents. Domestic abuse referrals make up the largest proportion of these and can range in severity.

Table 2.6 Reasons for referral, North Wales, 2015

| | Number of referrals | Percentage of referrals |
|---------------------------------|---------------------|-------------------------|
| Abuse or neglect | 1,600 | 49 |
| Child's disability or illness | 670 | 21 |
| Family dysfunction | 490 | 15 |
| Family in acute stress | 280 | 9 |
| Parental disability or illness | 110 | 3 |
| Absent parenting | 60 | 2 |
| Socially unacceptable behaviour | 60 | 2 |
| Adoption disruption | 10 | 0 |
| Low income | 0 | 0 |
| Total | 3,300 | 100 |

Source: Welsh Government, StatsWales

Children in need census data summary

Overall in North Wales the percentage of children in need from Black, Asian or Minority Ethnic (BAME) backgrounds is 2%, which is slightly lower than the percentage of BAME children in the population as a whole at 4%.

Around 11% of children in need were recorded as having mental ill health in the children in need census 2015.

The children in need census collates a lot more detailed information, but due to the small numbers and inconsistencies in collation we have only included summary information here. The full data is available on <https://statswales.gov.wales/Catalogue>.

Refugees and asylum seekers

Information has been sought relating to the number of children and young people in refugee and asylum seeking families but as yet is not forthcoming or robust. This will need to be included and analysed in future to ensure there is a clear understanding around the needs of this cohort of children and young people within each local authority and across the region generally.

Wrexham is the only dispersal centre in North Wales for asylum seekers, but all areas are currently in the process of receiving refugee families from Syria. There are currently 56 child asylum seekers attending nursery or school in Wrexham, including children who are part of the Syrian Refugee Programme and living in Wrexham. Once families have had their asylum status confirmed

they become refugees and are no longer are required to stay in Wrexham. At this point they can move wherever they wish in Britain.

Statistics on and feedback about these groups and their needs for support would be useful to establish the extent of service provision needed to accommodate these families and individuals successfully.

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2.3 Children on the child protection register

What do we know about the population

In 2015, there were 570 children on the child protection register in North Wales. Although the numbers vary year to year, overall there has been an increase of 9% (35 children) since 2011. The picture is more mixed within counties. Due to the small numbers involved it is not possible to identify clear trends as, for example, a dramatic change from one year to the next may be due to one family moving to or from an area.

Table 2.7 Number of children on the child protection register 31 March, North Wales

| | 2011 | 2012 | 2013 | 2014 | 2015 | Rate per 10,000 |
|--------------|------|------|------|------|------|-----------------|
| Anglesey | 25 | 60 | 75 | 65 | 40 | 44 |
| Gwynedd | 50 | 35 | 55 | 60 | 65 | 35 |
| Conwy | 40 | 45 | 60 | 70 | 65 | 45 |
| Denbighshire | 60 | 70 | 65 | 55 | 55 | 40 |
| Flintshire | 80 | 75 | 45 | 100 | 35 | 23 |
| Wrexham | 120 | 45 | 125 | 110 | 150 | 58 |
| North Wales | 375 | 330 | 425 | 460 | 410 | |

Numbers have been rounded to the nearest 5 to avoid disclosure

Source: Welsh Government, StatsWales

Table 2.8 shows the number of children on the child protection register by age group across North Wales. The age groupings are helpful for showing the amount of age-appropriate services needed to although it should be noted when comparing them directly that the groupings are different sizes, for example age 10-15 covers six years while age 16 to 17 covers two.

Table 2.8 Number of children on the child protection register, by age, North Wales 2015

| | Under 1 | Age 1 to 4 | Age 5 to 9 | Age 10 to 15 | Age 16 to 17 |
|--------------|---------|------------|------------|--------------|--------------|
| Anglesey | | 15 | 10 | 10 | |
| Gwynedd | 5 | 20 | 20 | 10 | 5 |
| Conwy | | 15 | 20 | 30 | |
| Denbighshire | 5 | 15 | 20 | 10 | |
| Flintshire | | 10 | 10 | 10 | |
| Wrexham | 10 | 50 | 55 | 35 | |
| North Wales | 20 | 125 | 135 | 105 | 5 |

Numbers have been rounded to the nearest 5 to avoid disclosure

Source: Welsh Government, Stats Wales

What are people telling us

Safeguarding

The North Wales Safeguarding Children Board provided the following feedback.

Safeguarding children involves protecting them from maltreatment and preventing impairments to their health and development and ensuring that they grow up in a safe environment. The NSPCC report 'How Safe are our Children' provides an overview of the Child Protection Landscape across the UK.

- Between 2010/11 and 2014/15 Wales has seen a 48% increase in Police Recorded Child Sexual Offences against under 18s (76% increase across UK)
- Between 2010/11 and 2014/15 in Wales there has been a 19% increase of children becoming subjects of child protection plans (24% across UK)
- Between 2010/11 and 2014/15 Wales has seen a 48% increase in police recorded cruelty and neglect offences (26% increase across UK)

An emerging theme for all staff working in safeguarding children is the use of technology to manipulate, exploit, coerce or intimidate a child to engage in sexual activity. Young People told us during Child Sexual Exploitation (CSE) week in March 2016 that they and their friends were concerned about sexting and online bullying (North Wales Safeguarding Children's Board).

All counties are still adhering to the All Wales Child Protection procedures.

Further information

There is more information about trafficking and child sexual exploitation in the *violence against women, domestic abuse and sexual violence* chapter [\[add link\]](#). We have identified that we need to include more information about these areas when the population assessment is reviewed.

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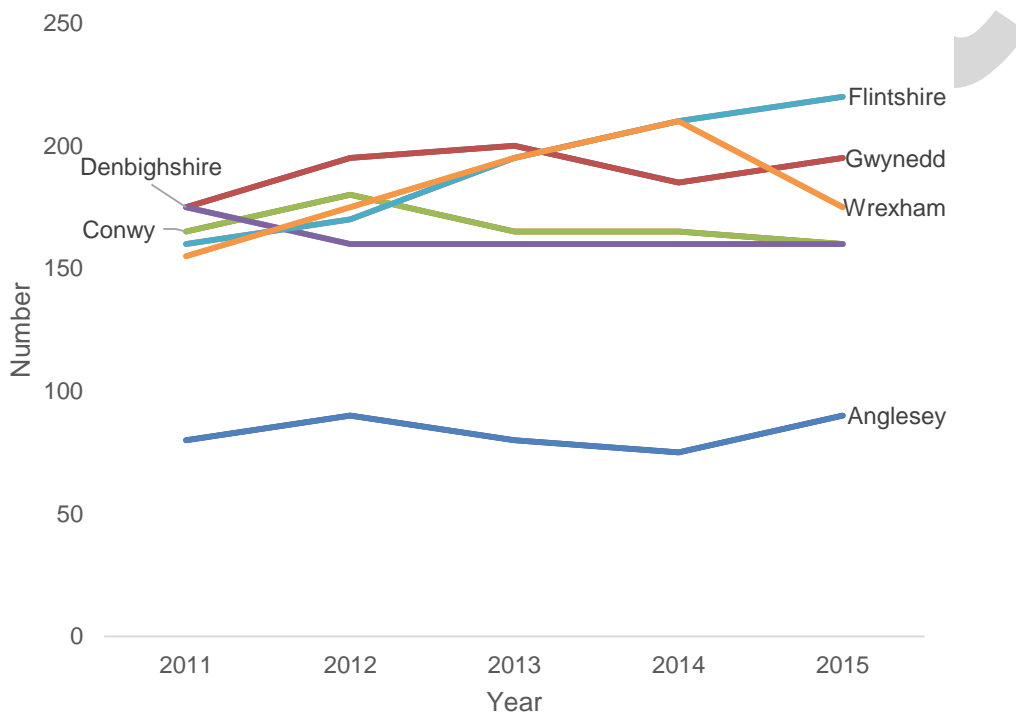
2.4 Looked after children and young people

What do we know about the population

The number of Looked After Children in North Wales is increasing

In 2015 there were 1,000 local children and young people looked-after by North Wales councils. Of these 1,000 children and young people, 54% were boys and 46% girls, a trend which mirrors the national picture across the whole of Wales. The number of children looked after in North Wales has increased during the last 5 years, a 9% increase on the level in March 2011. In March 2015, just over 70% of these children were placed in foster placements.

Figure 2.3 Number of children looked after by local authority, 2011 to 2015



Source: Welsh Government, Stats Wales

Table 2.9 Number of children looked after by local authority, 2011 to 2015

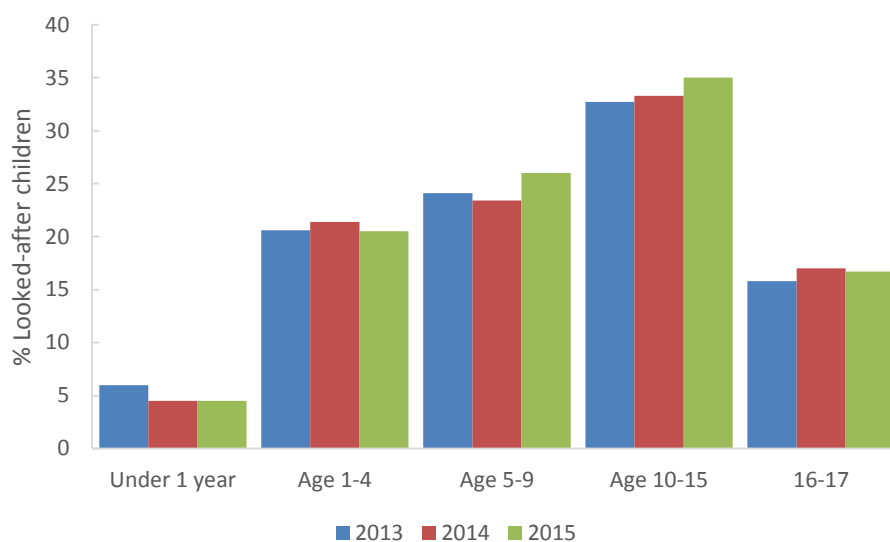
| | 2011 | 2012 | 2013 | 2014 | 2015 |
|--------------|-------|-------|-------|-------|-------|
| Anglesey | 80 | 90 | 80 | 75 | 90 |
| Gwynedd | 175 | 195 | 200 | 185 | 195 |
| Conwy | 165 | 180 | 165 | 165 | 160 |
| Denbighshire | 175 | 160 | 160 | 160 | 160 |
| Flintshire | 160 | 170 | 195 | 210 | 220 |
| Wrexham | 155 | 175 | 195 | 210 | 175 |
| North Wales | 910 | 970 | 995 | 1005 | 1000 |
| Wales | 5,410 | 5,720 | 5,765 | 5,745 | 5,615 |

Source: Welsh Government, Stats Wales

All councils in North Wales have shown an increase during this time. The age group with the largest increase in the last 5 years was children aged 5 to 9 years.

North Wales has a lower number of children looked after per 10,000 population than the rest of Wales, however there are significant variations across the region, from 59 in Wrexham to 82 in Gwynedd.

In terms of the ages of these children and young people, the trend appears to be fairly similar over the last three years, with the percentages increasing with the ages of the children, with the highest proportion of looked after children being aged between 10 and 15 years old. It should be noted when comparing them directly that the groupings are different sizes, for example age 10-15 covers six years while age 16 to 17 covers two. As this age bracket includes key transitions for these children, in terms of health, education, social and emotional development, a wide range of service provision and support services are required to support this population.

Table 2.10 Percentage looked after children by age range for North Wales

Source: Welsh Government, Stats Wales

The 'Looked After' experience

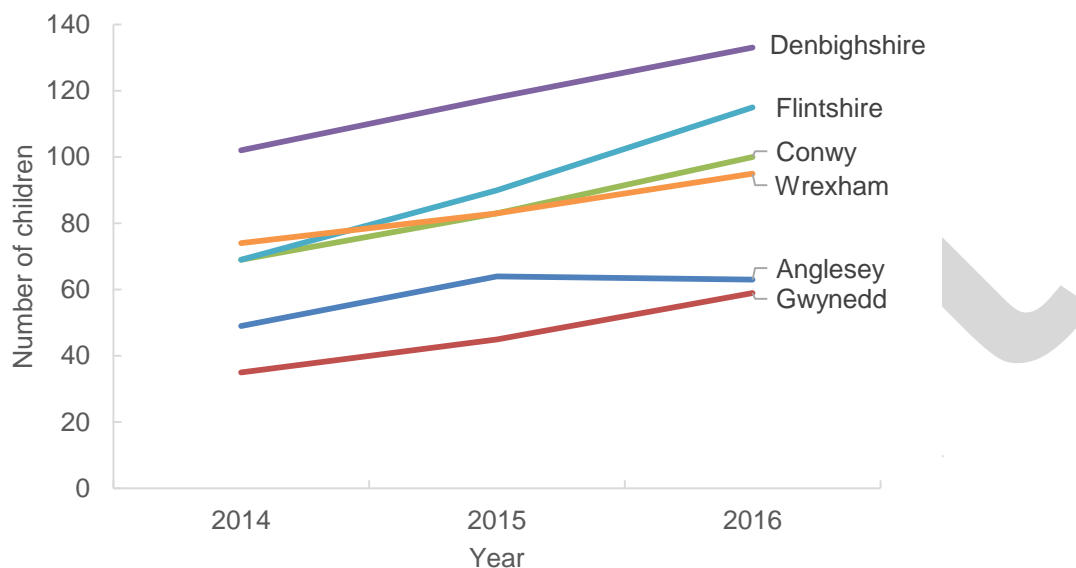
The organisation survey carried out for the population assessment, highlighted the impact being looked after can have on a child's health, personal relationships and educational attainment. Many young people also have poorer outcomes when leaving care including poverty, housing and employment (Children in Wales, 2016).

It is difficult to compare the experience between counties as the numbers involved are small so the data tends to vary year-to-year depending on specific children and families included in the figures at that time. In terms of placement experiences, there is a fluctuating picture. In respect of stability of placements, the picture is a mixed one; while Wrexham has shown improved placement stability and Conwy has seen a decline in 2015, while the other local councils appear fairly static although the numbers involved are small. In terms of stability of educational settings (changes not due to transitional arrangements), with the exception of Denbighshire and Flintshire, the picture appears to indicate that educational settings were more stable in 2015 than 2014. In terms of educational achievements, children in Gwynedd and Denbighshire achieve the most, with Denbighshire showing an increase in achievement levels between 2013/14 and 2014/15, while conversely children in Conwy achieved less during the same period.

Children looked-after from local councils outside North Wales

In addition to those local children who are looked after, North Wales has a high number of children from outside of the region who are looked after locally and this number is increasing as shown in Figure 2.4.

Figure 2.4 Number of looked after children from out of county placed in North Wales local authorities



Source: Local authority data

These children equate to an additional 40% across North Wales in 2015 and include placements in foster care and residential units. While these placements are funded externally, these numbers of children place additional demands on local services such as health, education, police and support services, all of which are funded locally. For example the Youth Justice Service in Wrexham estimates that 25% of their work involves looked after young people placed in Wrexham by other local authorities. This in part accounts for the high figures relating to youth crime in Wrexham.

In addition, if, as these children leave the care system, they decide to settle in the local area, this can place a strain on housing departments, which are already under pressure.

Adoption

On average, adoption services work with between 15% and 19% of looked after children (National Adoption Service, 2016b). Up to 25% of children placed for permanent adoption have experiences in childhood that need specialist or targeted support (National Adoption Service, 2016b).

The National Adoption Service (NAS) was developed in response to the Social Services and Well-being (Wales) Act 2014. It is structured in three layers,

providing services nationally, regionally and locally. They have produced a framework for adoption support which aims to make it easier for adopters and children and young people to get support when they need it (National Adoption Service, 2016a). Part of implementing the framework will involve mapping need, demand, services and resources.

The North Wales Adoption Service is a partnership between local council adoption teams in Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham, hosted by Wrexham County Borough Council. The service aims to make the adoption process more efficient and effective through widening the pool of adopters for the children in North Wales (North Wales Adoption Service, 2016).

What are people telling us?

Looked after young people and care leavers

Workshops carried out for the population assessment with looked after young people and care leavers found:

- The things that are important to them are friends, being active, healthy, family, hobbies and interests, feeling included, phone/Wifi
- The things they find hard to do are: motivation, getting a job, staying healthy, socialising, feeling confident, fitting in, being independent, talking about what you want in life, challenges associated with disability.
- They felt things would be better if they had: more money; a job; better mental and/or physical health; better sleep; better able to talk about feelings; breaking unhelpful behaviour patterns; support to socialise; good education; being safe and feeling loved.
- They were currently receiving support from: professionals (social worker, personal advisor, foster carers, youth workers, counsellors, school support workers), family, friends and groups. They had mixed views on how well it was working – some very well, some not well. They also had mixed views on how helpful friends and family, the local community and third sector or public services could be. Some said charities could provide support, help families get back together and help get jobs. Others that the public sector could be more accessible, helpful and provide more information.

Care leavers / young homeless people

A workshop with care leavers and young homeless people carried out for the population assessment found some were happy with the support they were receiving. Others highlighted their needs as: improved communication between staff (young people receiving mixed messages), need support with reading and writing, staying out of trouble, money, employment, managing anger, living

circumstances, drugs, better accommodation maintenance, support to deal with ADHD. These young people didn't have good relationships with their family and when asked how friends, family and the local community could support them they mentioned the following organisations: MIND, Barnardos, Cais, Nacro, Nant y Glyn, church, CAMHS, HOST and North Wales Training Agency

Independent providers

Feedback from the Care Forum Wales Looked After Children Network (care provider forum) was about the difficulties of early intervention, effective planning and matching the needs of children and young people with the most appropriate resource. This includes planning for transition from residential care to 'When I'm Ready' placements or out of custody placements.

Suggestions for improvements included considering more social services staff available at weekends (or to match the need for emergency support) and working with independent providers more effectively as partners in finding solutions for a young person. Engaging with providers about plans for next 5-10 years would be useful for business planning as with enough notice, providers can develop the services that are needed to meet future need.

Placement stability

Stability is one of the most significant factors associated with the wellbeing of children in care and their outcomes (Hannon, C., Bazalgette, L., Wood, C., (2010). In *Loco Parentis*. DEMOS). Stability of placements shows a strong correlation with educational attainment and emotional wellbeing.

In the most recent year 9% of looked after children have had 3 or more placements in the previous 12 months and 13% had experienced one or more changes of school, during a period of being looked after, which were not due to transitional arrangements.

Fostering

Engagement with staff highlighted the main pressures facing fostering services in North Wales as:

- Additional preventative work to help stop children coming into care.
- Recruitment of foster carers to reduce the number of out of county placements
- Additional specialist support and training to foster carers
- The additional demands placed on the service from kinship care or connected persons.

The North Wales councils work closely together on a number of regional fostering projects to address these issues.

Kinship fostering / connected persons

'Kinship care means that relatives or friends look after children who cannot live with their parents... Sometimes this type of care is called family and friends care because this more accurately describes what it is, and kinship foster carers are sometimes called connected persons... Kinship fostering... is an arrangement whereby the local authority have legal responsibility for a child and place them with a family member or friend who is a foster carer for that child.'
(CoramBAAF, 2016).

Councils have a responsibility to try to place a looked-after child with family or friends before any other kind of placement is considered. The increasing focus on kinship carers is changing the demands on fostering services. A national paper produced highlighted differences in the nature of kinship fostering, current issues affecting practice in the field; differences from the assessment and support of mainstream foster carers (National Fostering Framework, 2016). Local councils in North Wales are working together to try to address this issues, for example, by developing a single assessment form for kinship carers. There is also work planned nationally under the National Fostering Framework.

2.5 Children involved in crime, anti-social behaviour and who are victims of crime

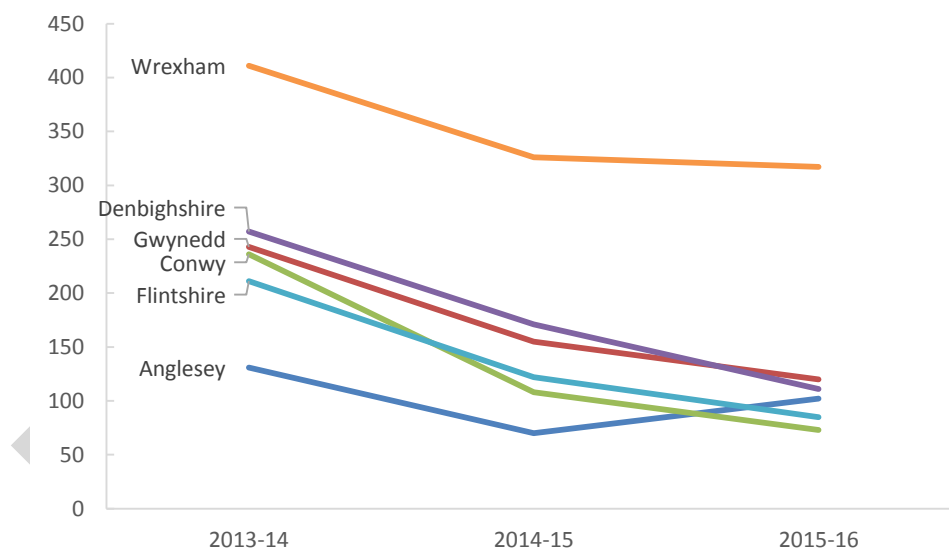
The population

There are two elements for consideration in terms of children and young people's involvement in crime, those who offend and those who are victims of crime. Each element requires a range of services and support and should be considered as part of this report.

Offenders

Over the last 3 years, Wrexham has had the highest number of young offenders across North Wales but also the highest crime rate across the region. With the exception of Anglesey, all local authorities have seen a reduction in the number of young offenders over the last 3 years.

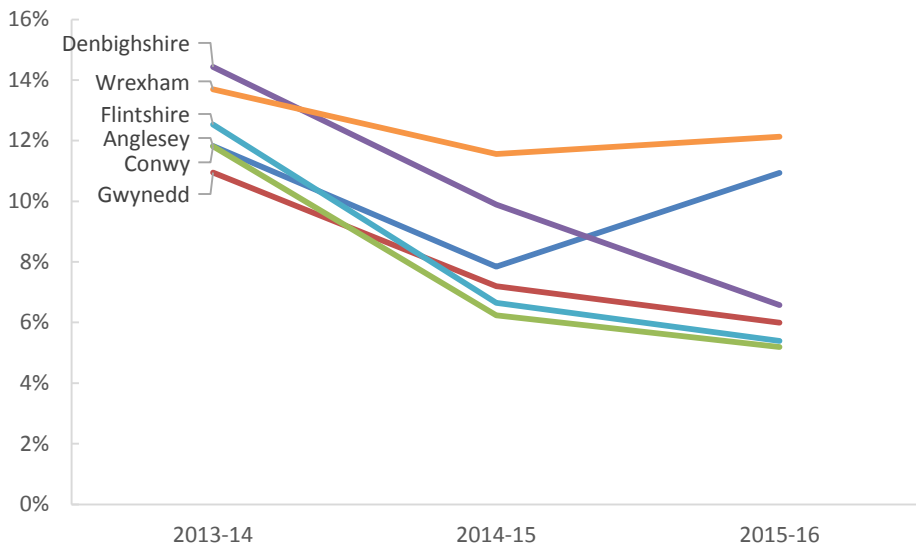
Figure 2.5 Number of young offenders aged under 18 years



Source: ?

The number of young offenders as a percentage of overall offenders has declined during the last 3 years with the exception of Anglesey and Wrexham, where the proportion has increased. Wrexham has the highest proportion of offenders who are under 18 years old, equating to 12.1% in 2015/16, closely followed by Anglesey where 10.9% of offenders are under 18 years.

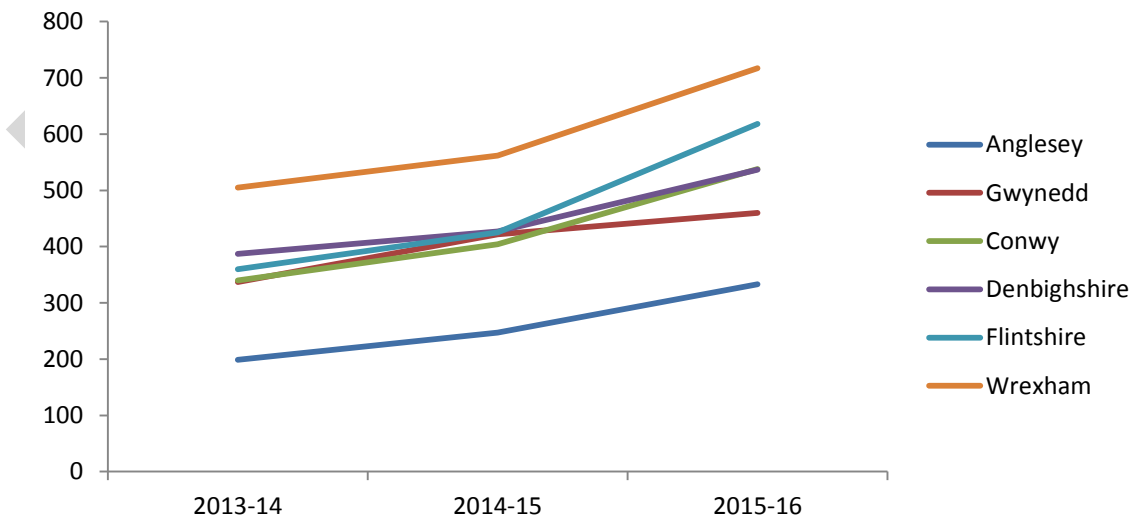
Figure 2.6 Percentage of overall offenders who are under 18 years old



Victims of crime

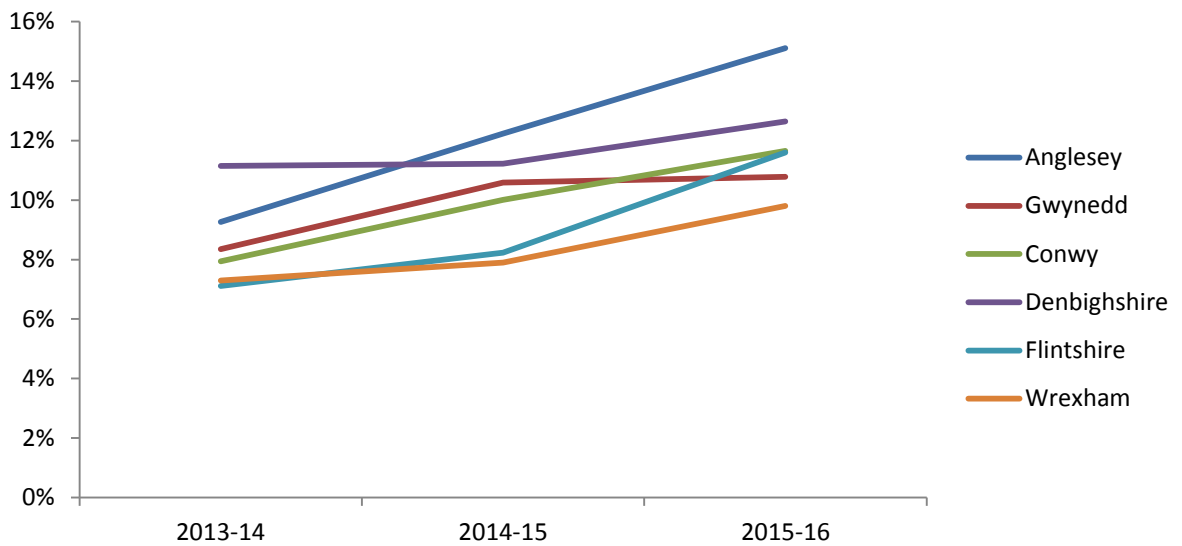
Without exception, the number of children and young people reported as falling victim of crime has steadily increased year on year across all North Wales local authorities. This could be due to a number of reasons including increased ability/ willingness to report; increased number of crimes committed or increase in particular types of crime such as cyber-crime.

Figure 2.7 Number of victims of crime aged 17 and under in North Wales



As with the number of young offenders, Wrexham has the highest number of young victims of crime in North Wales. However as an overall proportion of all victims of crime, Wrexham has the lowest percentage of young victims due to the high overall crime rate in Wrexham.

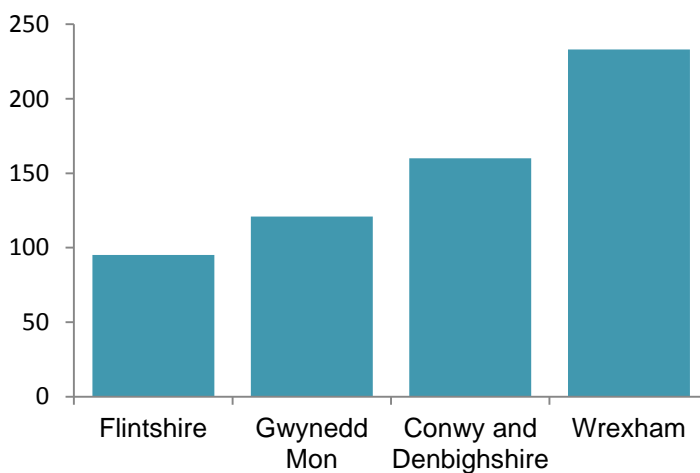
Figure 2.8 Percentage of all victims who are aged 17 years and under



Restorative justice

There are a number of services and a range of provision which are supporting young people who are either offenders or victims of crime. In terms of restorative justice across North Wales, the number of Court orders issued varies across the local authorities, with Wrexham having the largest number issued by a significant margin. Restorative justice involves communication between those harmed by a crime and those responsible for it to find a positive way forward.

Figure 2.9 Restorative justice, number of orders issued in North Wales



Resettlement work

Information contained within the Llamau Report (2014) gives details in relation to resettlement services for North Wales young people who have been in

custody. The conclusions contained within the report highlight the areas of good practice per region together with areas for improvement. The recommendations and actions will be taken forward as part of the work of the North Wales Resettlement Broker Co-ordinator Project, with particular focus on the following:-

- General principles and practices around resettlement
- Accommodation
- Education, training and employment
- Health and well-being
- Substance Use
- Families
- Finance, Benefit and Debt
- Case Management and transitions
- Outcomes.

Draft

2.6 Disabled children

Definition

The Equality Act defines a disability as a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day- to- day activities.

The Education Act 1996 states that children have Special Educational Needs (SEN) if they have a learning difficulty which calls for special educational provision to be made for them.

Other aspects of disability that would also be included under the Equality Act definition would be; children with a limiting long term illness, physical disabilities, learning disabilities, mental health problems, children with neuro-developmental problems (including children with Autism Spectrum Conditions who do not have a learning disability and children with chronic conditions (diabetes, epilepsy, asthma and so on). Children with challenging behaviour and attachment disorders may also be in need of support but may not be picked up by services or identify as being 'disabled'.

Safeguarding

“The available UK evidence on the extent of abuse amongst disabled children suggests that disabled children are at increased risk of abuse and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect.”¹

Often as a result of their disability, disabled children are more vulnerable to abuse and neglect in ways that other children and the early indicators of abuse or neglect can be more complicated than with non-disabled children.

What do we know about the population

The number of disabled children in North Wales has increased steadily over the last 5 years. The figures in Table 2.11 suggest that there are currently approximately 5,000 children in North Wales with a disability that has a substantial and long-term adverse effect on their ability to carry out normal day-to- day activities who are known to local councils.

¹ Working Together to Safeguard Children, 2006

Table 2.11 Headline statistics relating to children with additional needs in North Wales

| | 2011 | 2012 | 2013 | 2014 | 2015 |
|--------------------------------------------------------------|--------|--------|--------|--------|--------|
| Under 16s in receipt of DLA ^(Nov) | 4,110 | 4,210 | 4,450 | 4,665 | 5,010 |
| Physical/sensory disabled Children Under 17 ^(Oct) | 4,720 | 4,508 | 4,324 | 4,411 | 4,549 |
| Children in Need with a Disability ^(March) | 790 | 800 | 735 | 785 | 760 |
| Children with a SEN Statement ^(July) | 20,121 | 20,436 | 20,855 | 21,757 | 21,546 |

North Wales has also seen an increase on the number of pupils given a statement of special educational need, a learning difficulty which requires that special educational provision is made to support them in school. However, not every child or young person who has a statement of educational need will be disabled or see themselves as such.

These trends reflect the national increase in the number of disabled children which is believed to be due to increased survival rates, multiple births and older mothers. There will be an increasing impact on parents and carers as their children get older and larger in terms of manual handling, behaviour management and safety which can put a further strain on parent's resilience and ability to care for their children.

The number of children in need with a disability supported by social services has fluctuated during the last 5 years and there are clear differences between local councils, which could be due to differences in recording processes or the application of eligibility thresholds (**Children in need census**).

Table 2.12 Number of children in need with a disability, 2011 to 2015

| | 2011 | 2012 | 2013 | 2014 | 2015 |
|--------------|------|------|------|------|------|
| Anglesey | 95 | 95 | 85 | 65 | 70 |
| Gwynedd | 210 | 225 | 220 | 240 | 260 |
| Conwy | 125 | 130 | 150 | 140 | 140 |
| Denbighshire | 115 | 200 | 60 | 70 | 55 |
| Flintshire | 175 | 90 | 120 | 190 | 155 |
| Wrexham | 70 | 60 | 100 | 80 | 80 |
| North Wales | 790 | 800 | 735 | 785 | 760 |

Source: Welsh Government, Stats Wales

Table 2.13 Percentage of children in need with a disability, 2011 to 2015

| | 2011 (%) | 2012 (%) | 2013 (%) | 2014 (%) | 2015 (%) |
|--------------|-------------|-------------|-------------|-------------|-------------|
| Anglesey | 29 | 26 | 26 | 22 | 27 |
| Gwynedd | 33 | 34 | 31 | 32 | 36 |
| Conwy | 21 | 25 | 24 | 20 | 20 |
| Denbighshire | 20 | 33 | 16 | 19 | 15 |
| Flintshire | 36 | 22 | 27 | 32 | 31 |
| Wrexham | 8 | 9 | 12 | 11 | 11 |

Source: Welsh Government, Stats Wales

Poverty in families with disabled children

Research carried out by the Children's Society in 2011 found that disabled children living in the UK are disproportionately more likely to live in poverty. Disabled children living in low income families that lack the resources they need to engage in the kinds of normal social activities that other children take for granted.

Welsh families with disabled children are facing new pressures on their incomes, due to changes to the benefits system introduced by the UK Government's welfare reforms. Some Citizens Advice officers have reported that over the last three years they have witnessed an increase in the number of people who rely on the children's Disability Living Allowance to be part of the household income, rather than to provide the extra support that a disabled child needs. There is a risk that disabled children living in poverty will be further disadvantaged where their DLA is used for food, heating or rent.

Research carried out by the Disability Benefits Consortium found that, since government benefit cuts came into play, more and more disabled people in Wales are turning to foodbanks to feed their families. Of those affected by changes to benefits, 12% have used foodbanks, and in families affected by both bedroom tax and council tax changes, this figure jumps to 15%.

What are people telling us?

Feedback from engagement sessions with parents highlighted the following common themes:

- The time taken for assessments to take place and delays in accessing support was considered to be too lengthy. Need to "be quicker when a cry for help is given". Support while waiting for assessments or confirmation of diagnosis was also cited as important.

- Concern about the lack of available help to care for their child(ren), particularly for those who are full time carers and single parents, if they are ill and in the school holidays.
- Felt they needed more support to maintain their own emotional wellbeing – including extra help, respite/short-breaks, learning more coping strategies, baby sitters and support for emotional wellbeing. This was a concern when juggling work and caring for a disabled child and professionals who listen was suggested as being important. The physical and emotional impact of managing behaviour problems on parents was also significant. Including; temper, difficulties communicating and safety concerns.
- The impact of social isolation and support to get out of the home for both children and parents. Including direct payments for family outings, suitable afterschool clubs or day care was needed.
- Parents reported that it would help them to cope if there was better understanding from the wider community regarding disabilities and more acceptance of disabilities that you can't see.
- Better facilities for families of disabled children.
- More support from voluntary and charity sector.
- Issues managing their children's anxiety when in public or not in their care.

Feedback from engagement sessions with children highlighted the following common themes;

- The children talked about the difficulties that they have meeting with friends outside school time. When you are younger there are special needs play scheme, they are not suitable if you are older. The children said they would like a club where they can meet their friends.
- Some children said they found noisy environments difficult such as going into large shops, swimming pools or sports centres.
- Some children would like to go out alone but parents are worried about other children bullying or taking advantage of them.
- The children said how difficult it was for them to make decisions.
- One child said because their mobility was not good they had difficulty getting around especially going downhill. This inhibits his social and leisure activities.
- The children said that they rely on their parents to help them with the things that they find difficult and one child had a social worker who took him out.

- The children would like a greater range of activities to do outside school such as art workshops, outdoor activities, trips to activity parks and somewhere to have fun, meet friends, to do cycling music and dance.
- The teachers said that they would like more information about what is available for children now that some of the play schemes have closed down.

Feedback from staff highlighted the complexity and interdependency of issues facing disabled children and young people and their families, including difficulties around transition from children's services to adult's services. They also highlighted an increase in the number of disabled children with very complex needs. More information needs to be included in the population assessment review.

Review of services provided

Services available for disabled children and their families through local councils following an assessment of needs include:

- Emotional support and counselling
- Advice and information
- Help with finances
- Short break care including foster carers to care for children for short periods as well as play schemes and activities for children and young people.
- Home care
- Occupational therapy
- Equipment and adaptations
- Direct payments

There are also a wide variety of services available from the third sector and community groups. Family Information Services (FIS) are available to help address the lack of awareness of information and services that can help these families. FIS should be the first point of contact for information on services and support for disabled children and this includes universal services, leisure activities, holiday clubs, childcare, sports and so on.

Families First includes a disability element, which is expected to continue when the programme guidance is revised in 2017. The services delivered vary from county to county but include support with benefits, advice and childcare services.

2.7 Children and young people's mental health

What is meant by the term mental health?

The World Health Organisation (2014) has defined mental health as:

“a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”

Public Health Wales (2016a) use the term mental well-being as defined above; mental health problems for experiences that interfere with day to day functioning; and, mental illness to describe severe and enduring mental health problems that require treatment by specialist mental health services.

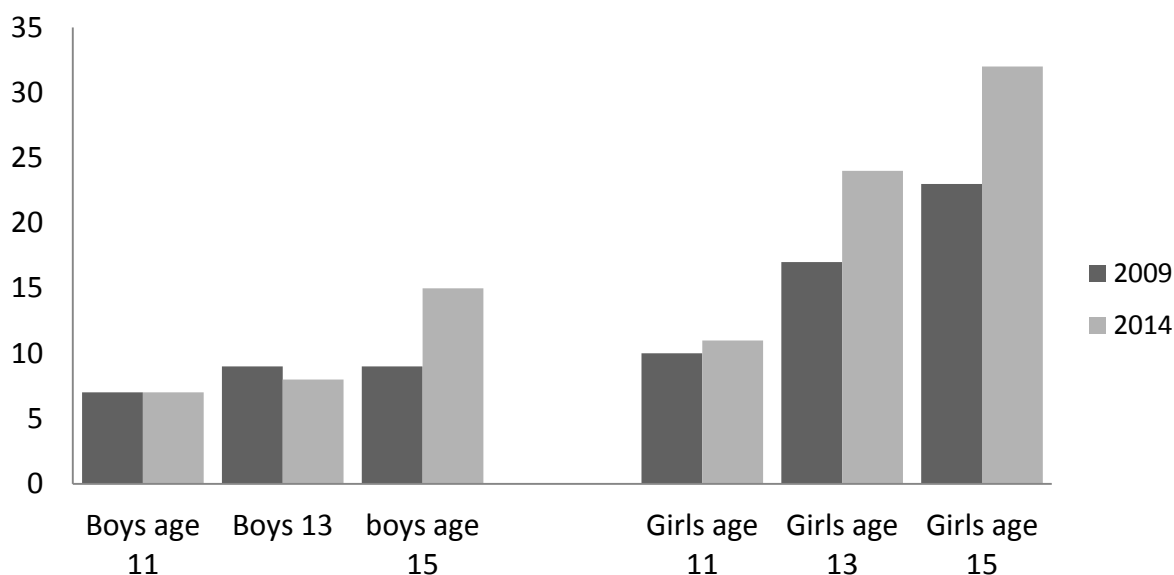
What do we know about the population

Children's mental health was consistently raised as a concern in the consultation and engagement for the population assessment. In particular, self-harming, depression and anger management issues. Early experiences may have long-term consequences for the mental health and social development of children and young people (Public Health Wales, 2016b).

Overall, around 80% of young people in Wales report high levels of life satisfaction (World Health Organization, 2016). However, out of a survey of 15 year olds in 42 different countries, Wales ranked 39 in this measure above England, Poland and the former Yugoslav Republic of Macedonia (World Health Organization, 2016).

The proportion of children and young people in Wales who report feeling low more than once a week ranges from 7% of 11 year old boys to 15% of 15 year old boys, and 11% of 11 year old girls and 32% of 15 year old girls. In each age group the proportion of respondents stating they feel low more than once a week is greater among girls than boys and increases with increasing age. Among boys age 15 and among girls in all age groups there has been an increase in reported levels of feeling low between 2009 and 2014 as shown in Table 2.14.

Table 2.14 Percentage of children and young people in Wales reporting feeling low more than once a week, 2009 and 2014



Source: Welsh Government, 2015

Predictions from Daffodil show the number of children with mental health needs will remain at around 8,000 between 2015 and 2035 with a peak of 8,400 in 2025. This is because the method used is to apply the rate of children with mental health needs to population projections which do not show a change in number of children and young people by 2035.

Table 2.15 shows the risk and protective factors for child and adolescent health that relate to themselves, their family, school and community. Strategies to promote children's mental health and wellbeing should focus on strengthening the protective factors and reducing exposure wherever possible to the risk factors.

Table 2.15 Risk and protective factors for child and adolescent mental health (Department of Education, 2016)

| | Risk factors | Protective factors |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| In the child ²³ | <ul style="list-style-type: none"> • Genetic influences • Low IQ and learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament | <ul style="list-style-type: none"> • Being female (in younger children) • Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control |

² Rutter, M. (1985) Resilience in the face of adversity. Protective factors and resistance to psychiatric disorder. *British Journal of Psychiatry*. Vol. 147, pp. 598-611

³ http://www.youngminds.org.uk/assets/0000/1383/Risk_factors_handout_Looked_After_Toolkit.pdf

| | Risk factors | Protective factors |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <ul style="list-style-type: none"> • Physical illness • Academic failure • Low self-esteem | <ul style="list-style-type: none"> • Humour • Problem solving skills and a positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect |
| In the family ^{4, 4} | <ul style="list-style-type: none"> • Overt parental conflict including domestic violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile and rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual, neglect or emotional abuse • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship | <ul style="list-style-type: none"> • At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long term relationship or the absence of severe discord |
| In the school | <ul style="list-style-type: none"> • Bullying • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Poor pupil to teacher relationships | <ul style="list-style-type: none"> • Clear policies on behaviour and bullying • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health • Positive classroom management • A sense of belonging • Positive peer influences |
| In the community ^{4,5} | <ul style="list-style-type: none"> • Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Other significant life events | <ul style="list-style-type: none"> • Wider supportive network • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities |

For more information about the negative impacts that adverse experiences during childhood have on an individual's physical and mental health see the report produced by Public Health Wales (2015)

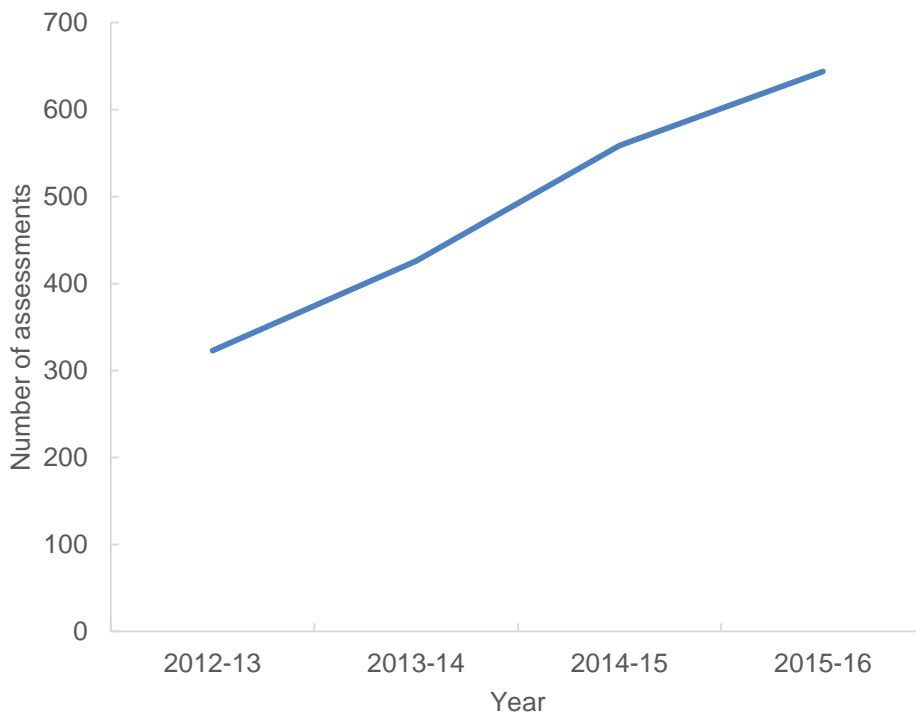
⁴ http://www.youngminds.org.uk/assets/0000/1399/Resilience_handout.pdf

Consultation and engagement carried out for the population assessment suggested that increasingly younger children are being referred to CAHMS and highlighted particular concerns about looked after children and the high numbers referred to CAMHS.

Self-harm

Self-harming was identified in the consultation and engagement as an increasing need. Figure 2.10 shows that the number of self-harm risk assessments carried out in North Wales has doubled between 2012 and 2016. This data includes only those who attended Accident and Emergency so the need may be even greater within the community. The cost of a hospital episode for children and young people admitted for self-harming could be in the region of £200 to £870 per admission (Public Health Wales, 2016b). This excludes the cost of admission to intensive therapy or high dependency units, which may be required in a small number of cases. There is a self-harm pathway in place between health and education.

Figure 2.10 Number of self-harm risk assessments in North Wales, 2012 to 2016



Source: BCUHB

Eating disorders

Eating disorders are among the mental health problems that cause most anxiety and concern to families. The Eating Disorders Framework for Wales has

recently been reviewed and recommendations have been made to ensure that it remains appropriate to the current situation. Estimates of the prevalence of eating disorders in North Wales are shown in Table 2.16 and the proportion of boys and girls is shown in Figure 2.11. National data shows that there was a national rise of 8% in the number of admissions to hospital for an eating disorder between 2013 and 2014 (NHS Digital, 2014).

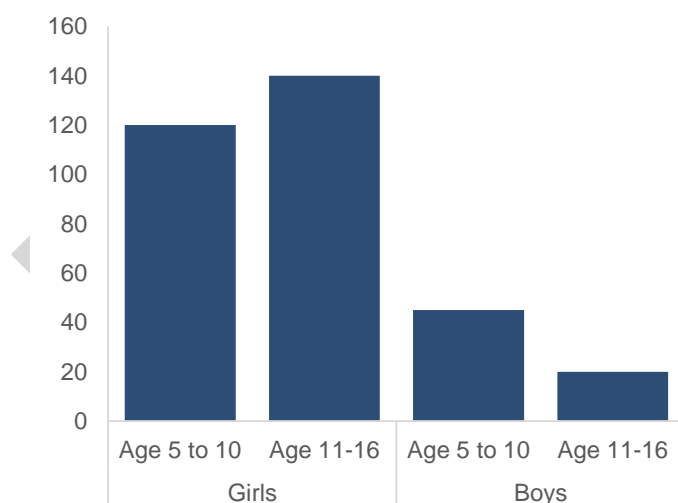
Table 2.16 Estimated number of children with eating disorders, 2014

| | Age 5 to 10 | Age 11-16 | Total (age 5 to 16) |
|--------------|-------------|-----------|------------------------|
| Anglesey | 15 | 15 | 25 |
| Gwynedd | 25 | 30 | 45 |
| Conwy | 20 | 30 | 45 |
| Denbighshire | 20 | 25 | 40 |
| Flintshire | 35 | 40 | 65 |
| Wrexham | 30 | 35 | 55 |
| Total | 120 | 140 | 235 |

Numbers have been rounded so may not sum

Source: Public Health Wales Observatory

Figure 2.11 Estimated number of boys and girls with eating disorders, North Wales



Numbers have been rounded so may not sum

Source: Public Health Wales Observatory

For more information please see the Public Health Wales (2016a) children and adolescent mental health needs assessment written to inform the Together for Children and Young People Programme.

Attachment

'The child's environment after they are born may affect their development, such as developmental trauma caused by abuse or neglect, or both. If they are not properly cared for and stimulated, this affects the growth and development of certain areas of their brain leading to a lack of emotional development. This is often referred to as *attachment difficulties* or *attachment disorders* (NHS Choices, 2016).

Typically, children who have had a poor start in life especially if they have also endured abandonment, neglect and/or abuse struggle with attachment and tend to have behavioural problems making them particularly difficult to parent. Often, these children end up in long-term foster placements or adoption.

Staff report that the attachment issues with children are increasingly cited as a cause of placement breakdowns (including adoption and Special Guardianship Orders). Some support is available from CAMHS to foster carers and adoptive parents and training is provided by local councils.

There are no statistics available on the number of children with attachment disorders either for the whole population of children and young people or for looked-after children. However, feedback from staff highlighted this as a major need and recommended developing a co-ordinated approach between health and social services to addressing needs and widening training on attachment.

Review of services

Public Health Wales (2016a) identified a number of interventions where there is evidence of effectiveness at improving mental wellbeing.

- Address the impact of wider determinants of health such as inequality and poor housing and reduce likelihood of exposure to adverse childhood experiences, such as exposure to drug use and violence.
- Universal assessment of risk shortly before and after birth followed by targeted interventions for those identified at greater risk.
- Universal and targeted parent support.
- Access to early years educational opportunities.
- Programmes delivered in school that show evidence of improvement in social and emotional well-being, self-confidence and self-control in addition to a reduction in conduct problems, violence and bullying.

The review includes recommendations for the Together for Children and Young People Programme based on the interventions listed.

The approach of children and adolescent mental health services (CAMHS) in North Wales is:

- Early intervention, prevention and primary mental health: promoting good mental health, building resilience and reducing stigma by working with

partners, in particular education. Includes promoting the 'five ways to well-being'; North Wales Book Prescription Scheme and the national Better with Books scheme; ensuring early conversations between professionals; targeted interventions for the prevention of anxiety delivered in partnership through 'Friends for Life' suite of interventions; develop a self-harm pathway and protocol; offer care in the service users language of choice.

- Referral based intervention services: re-organise services so that children and young people requiring a routine mental health assessment will be seen for their first appointment within 28 days, and those requiring an urgent mental health assessment will be seen within 48 hours.
- Plans for re-organisation and development of services for: Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD), so that Community Paediatrics is at the heart of this service; eating disorders; early intervention in psychosis; early years; paediatrics and mental health; and, tier 4 services.

This approach is being supported by an additional investment of £1.6 million into CAMHS in North Wales from Welsh Government (Gore-Rees, 2015).

In March 2016, 22% of routine mental health assessments were within 28 days and 26% began therapeutic interventions within 28 days. The target for both was 80% (BCUHB, 2016). Table 2.17 shows that by August 2016 the waiting list for mental health assessments had reduced from over 200 to 82 and the longest wait from 32 weeks to 21 weeks. The numbers on the waiting list for ASD and ADHD has increased over the same period. Responses to the organisation questionnaire highlighted CAMHS waiting lists as an issue although this may be because people haven't yet had experience of the service since the improvements [\[add link\]](#). There will also still be a need for universal and targeted support for children not meeting the thresholds for CAMHS.

Table 2.17 Waiting lists 2016-17, BCUHB

| | Mental health assessment | | Neuro | | ASD | | ADHD | |
|----------|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | Total on waiting list | Longest wait in weeks | Total on waiting list | Longest wait in weeks | Total on waiting list | Longest wait in weeks | Total on waiting list | Longest wait in weeks |
| April 16 | 222 | 32 | 181 | 35 | 122 | 62 | 107 | 61 |
| May 16 | 208 | 28 | 175 | 35 | 130 | 66 | 114 | 65 |
| June 16 | 178 | 24 | 171 | 33 | 151 | 71 | 119 | 71 |
| July 16 | 148 | 21 | 168 | 33 | 155 | 75 | 122 | 75 |
| Aug 16 | 82 | 21 | 162 | 34 | 161 | 80 | 133 | 80 |

Source: BCUHB

In addition to services described above all council's commission services to promote family resilience of various kinds and provide a school counselling service. There is also a diverse range of third sector provision of support for children and young people to promote mental and emotional health and well-being.

There is a role for information, advice and assistance services, including Family Information Services (FIS) to coordinate these services. Dewis Cymru is also available as an online directory of services. For example, Wrexham FIS have a partnership approach in supporting families awaiting treatment or diagnosis from CAHMS.

There is a need to carefully manage transition from CAMHS to adult mental health services to maintain continuity of relationships and manage different experiences of services. Services need to be joined up at an earlier stage for young people and their families to be informed and aware of adult services.

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2.8 Early intervention, prevention and parenting

Introduction

Foundations for all aspects of human development are laid down before birth and early childhood (0 to five years) (Jones *et al.*, 2016). There is a strong economic case that early interventions pay back costs many times over.

Children who are physically or sexually abused or brought up in households where there is domestic violence, alcohol or drug abuse are more likely to adopt health-harming and anti-social behaviours in adult life. Results from the first Welsh Adverse Childhood Experience (ACE) study show that exposure to four or more harmful experiences in childhood increases the chances of high-risk drinking in adulthood by four times, being a smoker by six times and being involved in violence in the last year by around 14 times (Public Health Wales, 2015). One in every seven adults aged 18-69 years in Wales experienced four or more Adverse Childhood Experiences during their childhood and just under half experienced at least one.

The ACEs most commonly suffered by children in Wales are verbal abuse (23%), parental separation (20%) and physical abuse (17%). Other frequently occurring ACEs include being exposed to domestic violence (16%), mental illness (14%), alcohol abuse (14%), sexual abuse (10%), drug use (5%) and incarceration (5%).

Forty-one percent (41%) of adults in Wales who suffered four or more adverse experiences in childhood are now living with low mental well-being. This compares to 14% of those individuals who experienced no ACEs during their childhood. Adults who experienced four or more ACEs in childhood are four times more likely to develop Type 2 diabetes, three times more likely to develop heart disease and three times more likely to develop respiratory disease, compared to individuals who report no ACEs.

This demonstrates the importance of focusing on early years and reducing the number of children living in families where there is domestic abuse, mental health problems, substance misuse or other forms of abuse or neglect. Providing safe and nurturing environments for every child in Wales is the best way to raise healthier and happier adults.

Early intervention and prevention services can be present across all spectrums of need (see Figure 2.12). Preventing something happening in the first place is more likely to be a feature of universal services whereas in the higher levels of need it may be to prevent a child from being accommodated. In the middle would be the areas that work with families to prevent escalation to more intensive statutory interventions.

Over the last few years Welsh Government have implemented initiatives under the child poverty agenda such as Families First, Flying Start and Communities First. While Flying Start and Communities First have focused on the more deprived areas and have other restrictions such as age for Flying Start, Families First has been open to any family who needed early support to prevent escalation of need to statutory services.

Flying Start supports children between the ages of 0 to 4 years living in deprived areas. They help children become 'school ready' by supporting parents through intensive health visitor service, child care and parenting programmes. In 2015/16 over 7,000 children benefitted from Flying Start services across North Wales.

Families First supports children and families with the Team Around the Family (TAF) approach to supporting families using a strengths based approach to working with the families. In 2015/16 the main referrers to TAF services in North Wales were health visitors and schools.

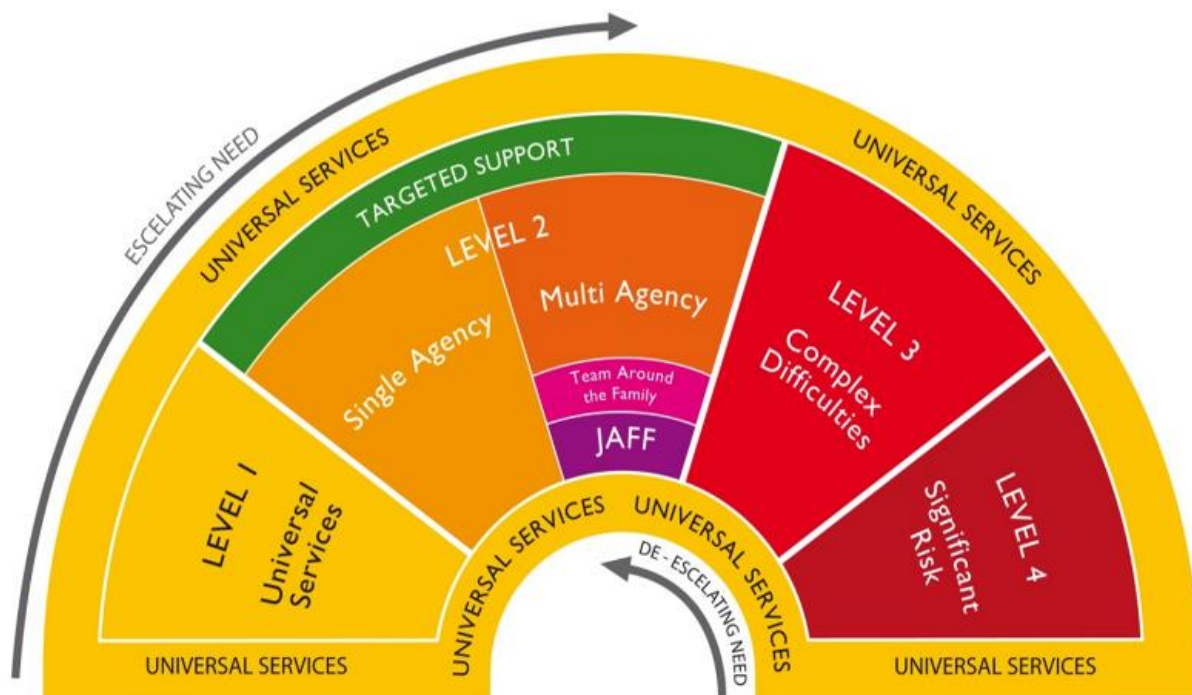
What is meant by prevention and early intervention?

The definition of prevention and early intervention can include:

- Universal access to information and advice as well as generic 'universal services' such as education, transport, leisure / exercise facilities and so on.
- Single and multi-agency targeted interventions, contributing towards preventing or delaying the development of people's needs for managed care and support or managing a reduced reliance on that care and support.

Figure 2.12 shows prevention as a spectrum of need. This section focuses on level 2, single and multi-agency targeted interventions.

Figure 2.12 IPC Windscreen model, 4 levels of prevention [Edit diagram to correct spelling of escalate](#)



What is meant by parenting and parent support?

In this report the term **parent** includes: mothers, fathers, foster carers, adopted parents, step parents and grandparents.

The term **parenting** is defined as:

An activity undertaken by those bringing up children and includes mothers, fathers, foster carers, adopted parents, step-parents (Welsh Government 2014)

The term parenting support is defined as: The provision of services and support, which aim to: increase parenting skills; improve parent-child relationships; improve parents’ understanding, attitudes and behaviour and increase parents’ confidence in order to promote the social, physical and emotional well-being of children.

Why do we provide support to parents?

‘The core purpose of parenting support is about **working with** parents to reduce risks; strengthen parenting capacity; develop and build resilience and sustain positive change’ (Welsh Government 2014)

Parenting is also a key factor in a child's behavioural development and mental health. Children who live through Adverse Childhood Experiences (ACEs), such as violence, neglect or living with individuals with substance abuse issues, have higher risks of premature ill health and developing health-harming behaviours (Public Health Wales, 2015).

Parenting skills are normally learnt skills from our own experiences growing up as children. If these experiences lack some of the core elements of bringing up children in a safe and nurturing environment it can have a detrimental effect on the child as they grow and so the cycle of inappropriate parenting continues.

Provision of parenting support is needed to break cycles of inappropriate parenting and raise parents' confidence in their skills to raise their children in a positive and nurturing environment.

In order to meet the diverse needs of parents and children there is a need to provide bespoke parenting support, based on the needs of parents in a particular area or setting.

Local councils across Wales provide a range of parenting support through a wide variety of provision. Provision is delivered through either evidence based programmes or through specific support delivered in group or one to one settings.

Welsh Government have invested resources to develop key documents and initiatives relating to parenting.

Parenting in Wales guidance was developed in line with National Occupational Standards for work with parents. It provides a comprehensive overview and guidance for delivering parenting support across Wales. The guidance states it is primarily to assist those providing parenting support making decision about:

- the type(s) of parenting support to provide;
- how to provide it;
- approaches to supporting and engaging parents;
- workforce development;
- assessment process, signposting and referral; and
- evaluation and monitoring.

In addition to this Welsh Government launched 'Parenting. Give it time' web site in 2015 which promotes positive parenting and provides advice and support around parenting that is accessible to all.

What we know about the population

There are around 124,000 children aged 0-15 in North Wales with around 39,000 aged 0-4. Not all of the families within which the children live will need support.

As part of the preparation for the introduction of the Families First programme in 2012 each council in North Wales carried out a vulnerable families mapping exercise (Cordis Bright, 2012; Conwy County Borough Council, 2013). This was based asking practitioners about how much they agree with the following statements, based on the Think Family research (Social Exclusion Task Force, 2007) for the number of families for each family they have a relationship with. Conwy County Borough Council used a different method, which found similar results and the comparable numbers are used here.

1. No resident parent in the family is in work
2. The family lives in temporary, overcrowded or poor quality accommodation
3. No parent in the family has any academic qualifications
4. The mother has a mental health problem
5. At least one parent has a longstanding illness, disability or infirmity that limits their daily activities
6. The family has a low household income (below £287 per week)
7. The family cannot afford certain food or clothing items
8. There is evidence of domestic violence in the household
9. There is evidence of substance misuse in the household

The mapping exercise included around 8,000 families in total across North Wales. It found a strong relationship between the indicators and vulnerability/complex needs which implied they could be used to identify families at risk of escalating problems to support with early interventions. There were particularly strong links between vulnerability and not being able to afford certain food or clothing items (or being in receipt of income-related benefits in the Conwy County Borough Council research) as well as evidence of substance misuse.

The research found that although there were some concentrations of need in specific areas, on the whole 'vulnerability is family-specific not location-specific'. This suggests that interventions targeting specific areas would not be enough by themselves to tackle the issues encountered by all vulnerable families.

The Conwy County Borough Council (2013) research included in-depth interviews with families which highlighted the following issues raised by families.

- Housing issues, mental and emotional health, school attendance and engagement with education, aspirations, experiences of social services,

parenting skills and support, domestic abuse, money and finances, employment, misuse of drugs and alcohol.

- The particular needs of families with disabled children.
- The importance of information and communication between services and agencies and the importance of the relationship between families and the professionals working with them.
- The crisis or trigger points where things changed for them including: separation and divorce, bereavement, domestic abuse, losing employment, losing accommodation, change in schooling situation or receiving a diagnosis.

Additional data about the need for prevention, early intervention and child poverty is available in the Vulnerable Families Needs Analysis in [appendix x](#)

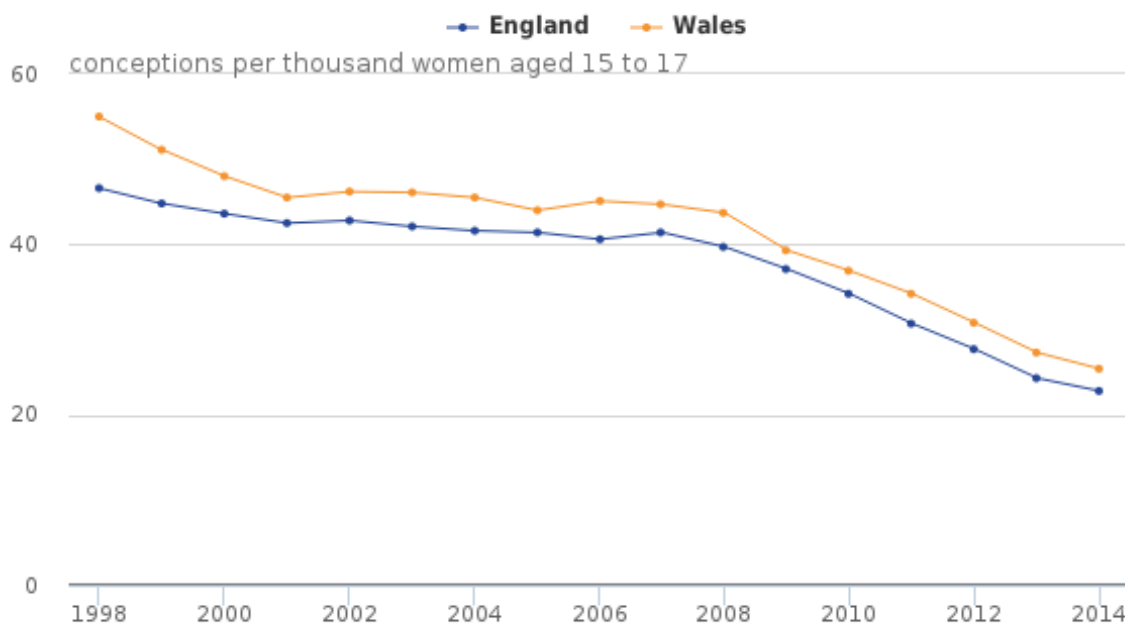
Teenage parents

The parenting ability of teenage parents can be affected by several factors including conflict within family or with a partner, social exclusion, low self-confidence and self-esteem. These factors can affect the mental wellbeing of the young person. The impact of being a teenage parent will be evident on both the mother and father and while the mother will be under 20 years of age many fathers will be between 20 and 24 years.

Teenage conception rates are reducing and there has been a steady decrease across England and Wales since 1998: suggested reasons include the availability of highly effective long-acting contraception, and also changing patterns of young people's behaviour where some go out less frequently. Teenage pregnancy is risk factor contributing to low birth weight and many other poor long-term health and socio-economic outcomes for mother and baby. One in four pregnancies end in a termination, rising to one in two of teenage pregnancies, showing that there is an unmet need for services to educate and help prevent unwanted pregnancy.

Looked after children / young people are at much higher risk of early pregnancy and may miss key school-based education sessions about protecting themselves.

Figure 2.13 Conceptions per thousand women aged 15-17, England and Wales, 1998 to 2014



In the majority of areas across North Wales the number of teenage births has been decreasing as the below table shows:

Table 2.18 Under 20 births 2010 to 2014

| | 2010 | 2011 | 2012 | 2013 | 2014 |
|---------------|------|------|------|------|------|
| Ynys Môn | 65 | 54 | 49 | 51 | 36 |
| Gwynedd | 110 | 51 | 93 | 67 | 58 |
| Conwy | 112 | 81 | 83 | 76 | 48 |
| Sir Ddinbych | 89 | 79 | 77 | 69 | 78 |
| Sir y Fflint | 120 | 87 | 125 | 88 | 81 |
| Wrecsam | 140 | 105 | 100 | 82 | 79 |
| Gogledd Cymru | 636 | 457 | 527 | 433 | 380 |

Ffynhonnell: Llywodraeth Cymru, StatsCymru

Parental separation

Parental separation has been shown to be a risk factor of poor outcomes for children. Protective factors can counter such negative outcomes through good relationship with one parent and wide network of social support (Welsh Government 2014).

The rate of divorce has decreased over the last few years, but this may be due to more couples co habiting which will impact on the number divorcing.

Parental relationships whether parents are separated or together can have an impact on their children's outcomes as is outlined in the Early Intervention Foundation report (Harold *et al.*, 2016).

What services are available

Across North Wales there are different forms of parenting support provision some receive general support in the home or in groups and others are evidence based programmes. The main programme delivered across North Wales is Incredible Years which has a strong evidence base. Other programmes include: FAST (Families and Schools Together) and the STEPS programme.

Flying Start provides parenting courses to families who live within the relevant post code areas. Table 2.19 shows how many places were available in the last three years and the percentage of those places that were taken up.

Table 2.19 Flying Start formal structured parenting courses offered by local authority, 2013-14 to 2015-16

| Local Authority | No. of places | 2013-14 | 2014-15 | 2015-16 |
|------------------|---------------|-------------|---------------|-------------|
| | | % of places | No. of places | % of places |
| Isle of Anglesey | 53 | 74% | 57 | 62% |
| Gwynedd | 125 | 69% | 199 | 72% |
| Conwy | 69 | 78% | 164 | 63% |
| Denbighs hire | 74 | 46% | 117 | 60% |
| Flintshire | 223 | 78% | 252 | 68% |
| Wrexham | 106 | 82% | 96 | 45% |

Source: Welsh Government

Families First provision across North Wales includes commissioned evidence based parenting programmes as well as parenting support as part of the support offered to families as an early intervention programme.

Although parenting provision is provided, in the majority of cases families have other issues that need to be addressed before they are able to engage effectively in any evidence based programme. In order for parenting programmes to be effective it should be considered as part of a package of support rather than a stand-alone intervention.

Feedback from the consultation and engagement found that many early intervention and prevention services, such as Team Around the Family, were valued by staff and the people who used them, although more still needs to be

done. A lack of resources to invest in prevention and early intervention was raised as a challenge. There was also feedback that there needs to be more investment in educating parents to find support in the community

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2.9 Children and young people without care and support needs

Due to time constraints the report has focussed on specific groups of children and young people with care and support needs. The consultation and engagement carried out for the population assessment also included children who do not have care and support needs. This raised the following issues which may also affect the groups of children and young people in the chapter.

- Access to leisure and entertainment particularly for children and young people living in rural areas where services are fewer and tend to cost more due to the distance needed to travel to and from these areas.
- Access to play opportunities.
- Access to affordable transport, particularly for children and young people in rural areas.
- Urdd Gobaith Cymru reported the Welsh language county forums and support don't work as well for young people aged 16 to 18.
- Support with money problems: student loans, paying bills, benefits and knowing who to talk to with regards to money problems
- Having someone to talk to if something should happen and they need support and knowing where to go for help.
- Welfare rights: It can be difficult to get the right benefits to help people stay independent or to live independently. Issues include considerable delays in waiting for initial claim benefit payments and an increase in referrals to the Discretionary Assistance Fund (Wales) to apply for 'Emergency Assistance Payments'. This is a discretionary grant which offers small payments to cover families short term immediate needs for things like gas/electric and food. In addition, many more referrals are being made to local food banks – again as a result of benefit payment delays.

2.10 Conclusion and recommendations

Key findings

- There are around 124,000 children aged 0-15 in North Wales. There has been very little change in the number of children and young people in the past five years and this trend is likely to continue over the next 25 years.
- The majority of children and young people in North Wales are healthy and satisfied with their lives but more needs to be done to: tackle low birth weight; reduce infant mortality rates; improve breastfeeding rates and take-up of immunisations; reduce childhood obesity and smoking and alcohol use.
- There has been a fall in referrals to children's services but it is not yet known how the number of referrals will change in response to the wider eligibility under the new act.
- The majority of referrals to children's services are from the police or within the council's own social services department, and the main reasons for referral are abuse or neglect.
- In the last five years there has been a 9% increase in the number of children on the child protection register and in the number of children looked-after in North Wales.
- There are increasing concerns about sexting and online bullying.
- North Wales has a high number of children from outside the region who are looked after locally and this number has been increasing. This places additional demand on local services such as health, education, police and support services.
- There are changing demands on fostering services due to an increase in kinship fostering / connected persons.
- Wrexham has the highest number of young offenders and the highest crime rate across the region. With the exception of Anglesey all local authorities have seen a reduction in the number of young offenders over the last three years.
- The number of children and young people who are victims of crime has increased year on year. This could be due to a number of reasons including increased ability/ willingness to report; increased number of crimes committed or an increase in particular types of crime such as cyber-crime.
- The number of disabled children has increased over the past five years.

- Children's mental and emotional health was consistently raised as a concern including a rise in self-harm and eating disorders as well as attachment issues.
- There needs to be an integrated approach to the health and wellbeing of children and their families throughout universal services to maximise prevention and promote resilience at the earliest stage. New evidence on the multiple impacts of Adverse Childhood Experiences can bring more awareness and support towards preventing them and minimising their effects.
- Provision of parenting support is needed to break cycles of inappropriate parenting and raise parents' confidence in their skills to raise their children in a positive and nurturing environment.
- Information, advice and assistance services as provided by Family Information Services are an important part of prevention and early intervention services.

Recommendations and next steps

Due to the tight timescales and wide range of needs covered in this chapter the next steps should focus on identifying the further information needed in priority areas. This should include additional consultation and engagement to agree recommendations as part of the area plan. Future work should be based on the UNCRC and include children's right to play.

- **Advocacy:** all children and young people need to have their voice heard in decision making processes, and this is particularly important for looked after children and children on the child protection register. Some information is included in the introduction to the report but more information is needed about the services available and their effectiveness.
- There is further work to be done to implement the new duties under the act and regional projects are in place to support this including assessments and information, advice and assistance.
- There have been concerns throughout the production of this chapter about the quality of data recording. Work needs to be done to standardise the recording of children in need data (and its replacement) as well as threshold and eligibility criteria.
- More information is needed about trafficking and child sexual exploitation to inform the population assessment.
- More information is needed about the increase in complex needs for disabled children and the transition from children's to adult's services.

- Find out more about concerns raised, that increasingly younger children are being referred to CAHMS and the needs of looked after children referred to CAMHS.
- Information about restorative approaches to work with families including everyday interaction, meetings with service users, informal circles, mediation and formal group conferences.
- There are good examples of service provision in all counties, such as the 'edge of care' project, internal therapeutic services, collaborations between social services and CAMHS. Information about these services is already shared informally between counties, but future work on the population assessment needs to look at this further.

Equalities and human rights

The report includes the specific needs of children and young people and disabled children. It also highlights the importance of children's rights. Some information was available about Black, Asian and Minority Ethnic young people but more could be identified. Information about refugees and asylum seekers was highlighted as a gap. Consultation was also undertaken about the needs of Gypsy and Traveller young people. Please see [Equalities Impact Assessment](#) for more information.

Issues affecting people with protected characteristics may not be picked up by this assessment and could be addressed in future population assessment reviews, in the development of the area plan or in the services developed or changed in response to the area plan.

Services for children and young people must take a child-centred and family-focussed approach that takes into account the different needs of people with protected characteristics and this will be a continued approach during the development of future implementation plans and play a key role on the development of services.

We would welcome any further specific evidence which may help to inform the final assessment.

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3 Older people

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Draft

3.0 About this chapter

This chapter includes the population needs of older people. It is organised around the following themes that were highlighted during engagement work:

- 3.1 Population overview
- 3.2 Loneliness and isolation
- 3.3 Support to live at home
- 3.4 Dementia
- 3.5 Care homes

There is additional information about the needs of older people in the chapters:

- Health, physical disabilities and sensory impairment [\[add link\]](#)
- Learning disabilities and autism [\[add link\]](#)
- Mental health: including information about early-onset dementia [\[add link\]](#)
- Carers [\[add link\]](#)
- Violence against women, domestic abuse and sexual violence [\[add link\]](#)
- Secure estate [\[add link\]](#)
- Veterans [\[add link\]](#)
- Homelessness [\[add link\]](#)

Definitions

There is no agreed definition of an older person. The context will determine the age range, for example: including people aged over 50 when looking at employment issues or retirement planning; people aged over 65 in many government statistics; and, people aged over 75 or 85 when looking at increased likelihood of needs for care and support.

Policy and legislation

Ageing Well in Wales is a partnership including government agencies and third sector organisations, hosted and chaired by the Older People's Commissioner for Wales (2016). Each local council in North Wales has developed a plan for the work they will do on the priorities:

- To make Wales a nation of age-friendly communities.
- To make Wales a nation of dementia supportive communities.
- To reduce the number of falls.
- To reduce loneliness and unwanted isolation.
- To increase learning and employment opportunities.

The programme is a key tool in the delivery of the **Strategy for Older People in Wales 2013-23** (Welsh Government, 2013).

The population assessment aims to support the integration of services. One of the current Welsh Government priorities for integration is older people with complex needs and long term conditions, including dementia.

Please see [appendix x](#) for more information about the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015.

Safeguarding

The Social Services & Well-being (Wales) Act 2014 defines an adult at risk as someone who is experiencing or are at risk of abuse or neglect, have needs for care and support (whether or not the authority is meeting any of those needs) and as a result of those needs are unable to protect themselves against the abuse or neglect or the risk of abuse or neglect.

Abuse can include physical, financial, emotional or psychological, sexual, institutional and neglect. It can happen in a person's own home, care homes, hospitals, day care and other residential settings (Age Cymru, 2016). Specific recommendations to improve the quality of care provided to frail older people in residential and nursing care homes and improve safeguarding systems were set out in a review following the Operation Jasmine investigation (Flynn, 2015).

Age UK found that over half of people aged 65 and over believe they have been targeted by fraudsters (Age UK, 2015). One in 12 responded to the scam and 70% of people who did respond said they personally lost money. While anyone can be a victim of scams, older people may be particularly targeted because of assumptions they have more money than younger people and may be more at risk due to personal circumstances such as social isolation, cognitive impairment, bereavement and financial pressures. They may also be at risk of certain types of scam such as doorstep crime, bank and card account takeover, pension liberation scams and investment fraud.

A North Wales Safeguarding Adults Board was set up under the Social Services and Well-being (Wales) Act 2014 to:

- Protect adults within its area who have needs for care and support (whether or not a local council is meeting any of those needs) and are experiencing, or are at risk of, abuse or neglect;
- Prevent those adults within its area becoming at risk of abuse or neglect (North Wales Safeguarding Board, 2016).

3.1 Population overview

There were around 150,000 people aged 65 and over in North Wales in 2015. Population projections suggest this figure could rise to 210,000 by 2039 if the proportion of people aged 65 and over continues to increase as shown in Table 3.1 below.

Table 3.1 Number of people aged over 65, population projections 2014 to 2039

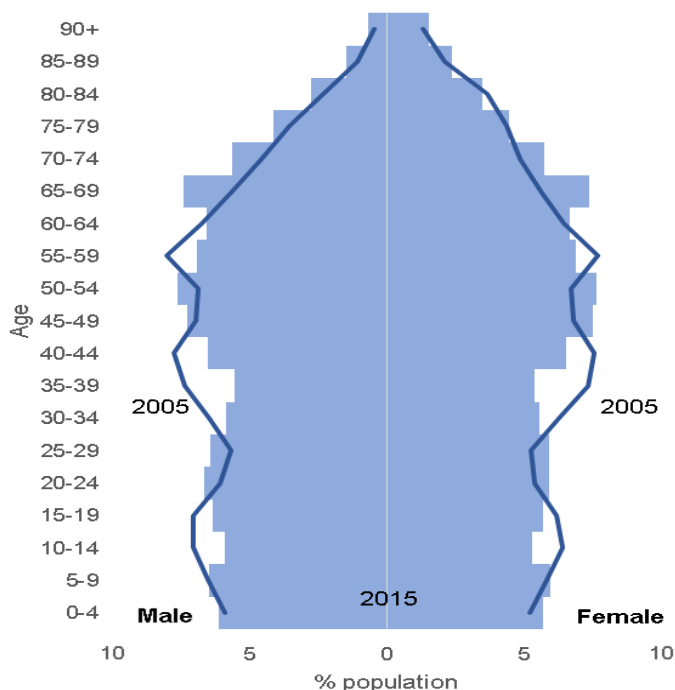
| | 2014 | 2019 | 2024 | 2029 | 2034 | 2039 |
|--------------|---------|---------|---------|---------|---------|---------|
| Anglesey | 17,000 | 18,000 | 20,000 | 21,000 | 22,000 | 23,000 |
| Gwynedd | 27,000 | 29,000 | 31,000 | 33,000 | 35,000 | 35,000 |
| Conwy | 30,000 | 33,000 | 35,000 | 38,000 | 41,000 | 42,000 |
| Denbighshire | 22,000 | 23,000 | 25,000 | 27,000 | 29,000 | 30,000 |
| Flintshire | 30,000 | 34,000 | 37,000 | 40,000 | 44,000 | 46,000 |
| Wrexham | 25,000 | 28,000 | 30,000 | 33,000 | 36,000 | 39,000 |
| North Wales | 150,000 | 170,000 | 180,000 | 190,000 | 210,000 | 210,000 |

Numbers have been rounded so may not sum

Source: 2014-based population projections, Welsh Government

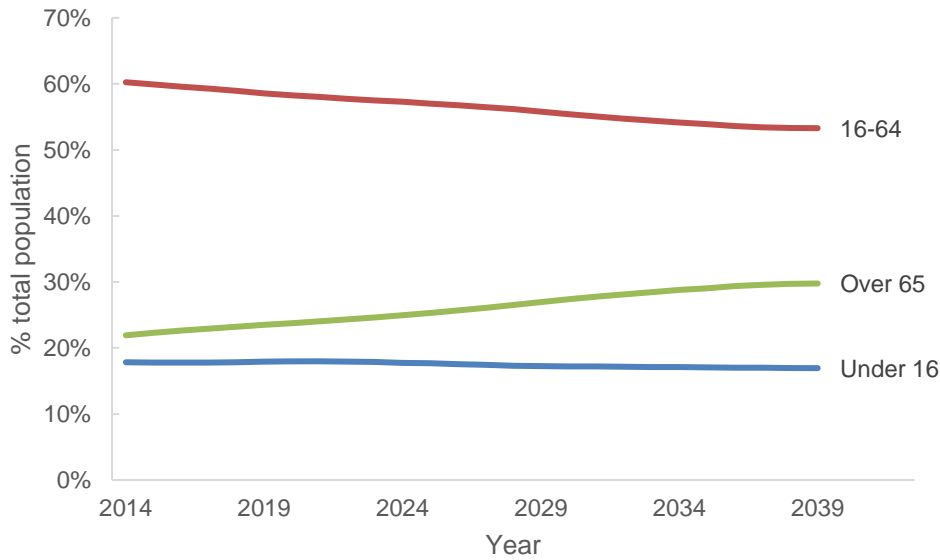
Figure 3.1 shows how the population structure changed between 2005 and 2015. The proportion of older people in the population is projected to continue to increase as shown in Figure 3.2 and Figure 3.3. At the same time the proportion of people aged 16-64, the available workforce, is expected to continue to decrease. This change to the population structure provides opportunities and challenges for the delivery of care and support services.

Figure 3.1 Percentage of population by age and sex, North Wales, 2005 and 2015



Source: Mid-year population estimates, Office for National Statistics

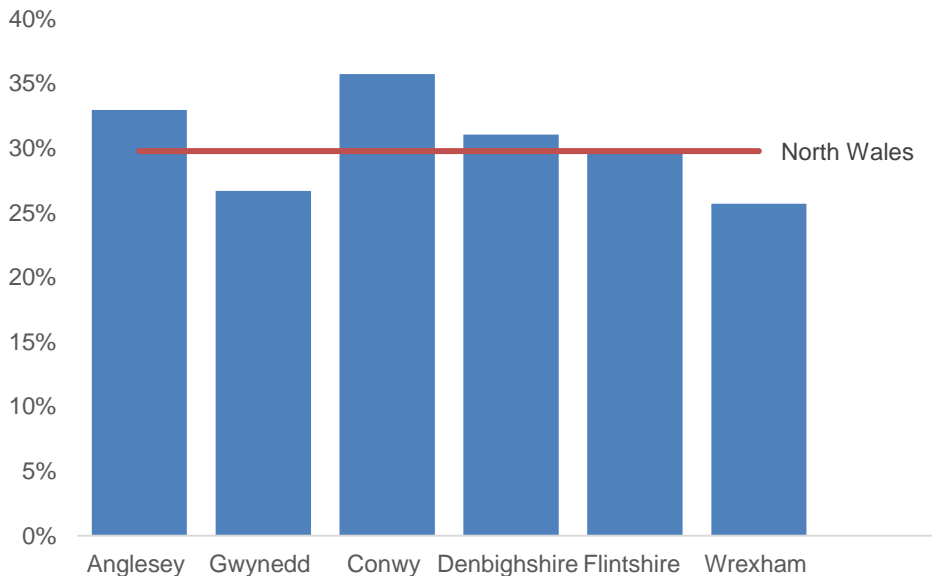
Figure 3.2 The percentage of people aged over 65 is projected to increase and the those aged 16-64 to decrease in North Wales, 2014 to 2039



Source: 2014-based population projections, Welsh Government

The change in population structure shows a similar pattern in every county in North Wales, although the counties with the highest proportion of people aged 65 and over are expected to be Conwy, Anglesey and Denbighshire as shown in Figure 3.3 below.

Figure 3.3 Projected percentage population aged 65 and over in 2039 in North Wales



Source: 2014-based population projections, Welsh Government

Research suggests that living with a long-term condition can be a stronger predictor of the need for care and support than age (Institute of Public Care (IPC), 2016). See health, physical disabilities and sensory impairment chapter for more information.

3.2 Loneliness and isolation

Introduction

'Loneliness can be defined as a subjective, unwelcome feeling of lack or loss of companionship. It happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want' (Perlman and Peplau, 1981).

There are different types of loneliness; *emotional* loneliness and *social* loneliness. Emotional loneliness is the feeling of losing the companionship of one specific person; very often a partner, sibling or best friend. Social loneliness derives from a lack of broader social networks or group of friends. Loneliness can be a feeling which comes and goes, and individuals can suffer from loneliness at specific times of the year, for example at Christmas. Loneliness can be chronic where a person can feel alone most of the time. Feeling lonely is subjective; if a person feels lonely then they are lonely.

Reducing loneliness and isolation is one of the main challenges identified in our consultation and engagement and is a priority for Welsh Government's Ageing Well in Wales Programme. Having strong social networks of family and friends and having a sense of belonging to the local community is important in order to reduce social isolation and loneliness for people who need care and support and carers who need support.

The impact of loneliness on the health and well-being of individuals can be serious, and often, older people are at more risk of feeling lonely and being socially excluded. It has been referred to as a 'silent killer'.

What we know about the population

It is difficult to identify how many adults in North Wales define themselves as 'lonely' or socially excluded. Loneliness can affect anyone - regardless of the individual's age. However, as we age, the risk factors that can lead to feelings of loneliness increase and converge. These factors include:

| Personal | Broader society |
|-------------------------------------------|-----------------------------------------------------------|
| Poor health | Lack of public transport |
| Sensory loss | Physical environment, for example, lack of public toilets |
| Poor mobility | Accommodation |
| Low income | Concerns about crime |
| Bereavement | Demography |
| Retirement | Advances in technology |
| Caring | High population turnover |
| Other changes (such as giving up driving) | |

Source (Campaign to End Loneliness, 2016)

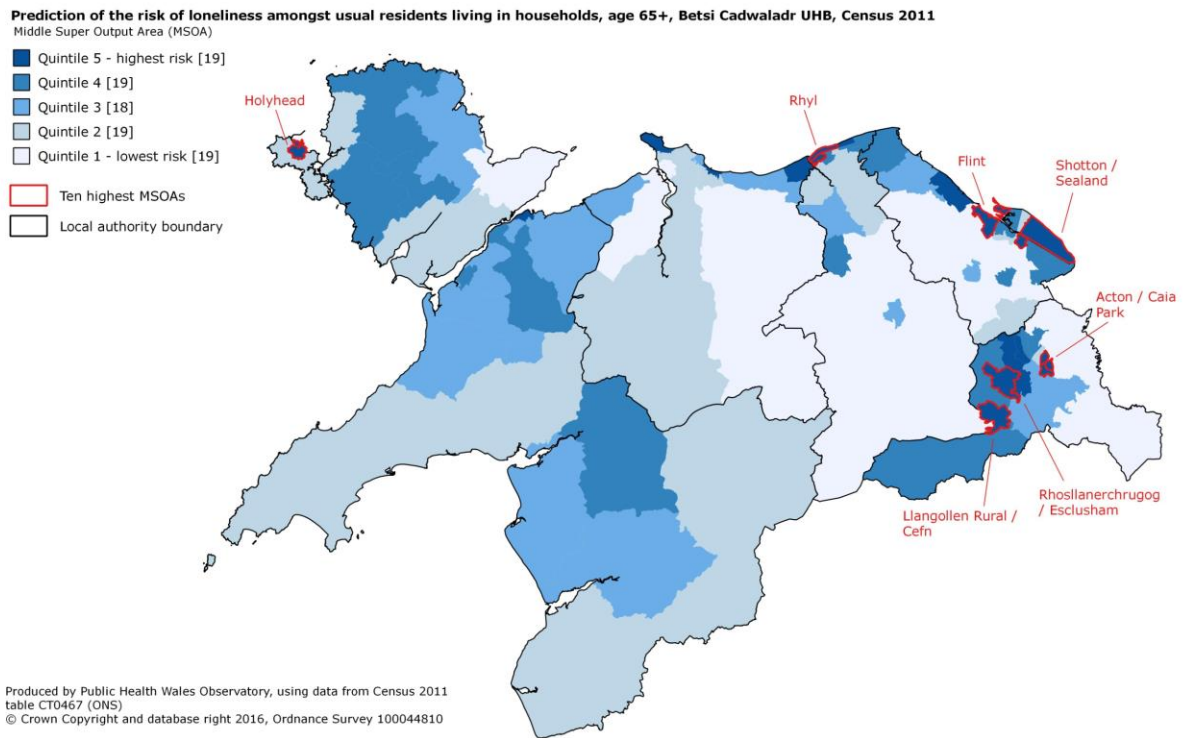
Research also shows:

- Higher loneliness and isolation barriers for men, people who live by themselves, recently bereaved individuals, and the most elderly people in our communities (Victor, 2015).
- Disability or illness can trigger loneliness, as this changes how people access their social networks (Women's Royal Voluntary Service, 2012b)
- People aged 50 and over socialise less due to the economic situation, with almost a third (32%) of people aged 50 and over and a quarter of people aged 65 and over cutting back on going out to socialise (Consumer Focus Wales, 2010)
- A high number of men have experienced loneliness after losing their partner (62%) or losing friends of the same age as them (54%). Men were also less likely to admit their feelings to family or friends (11% of men and 24% of women). In another WRVS survey, it was found that men were less likely to keep in contact over the phone with family or relatives who live away (71% of women compared to 29% of men) (Women's Royal Voluntary Service, 2012a)
- There is a greater risk that people who have received care and assistance also experience social isolation (Welsh Government, 2016).

The Office for National Statistics (ONS) (2015) has developed a prediction of the number of cases of loneliness amongst people aged 65 and over in England and Wales. The work considers the following variables:

- Age;
- Marital status;
- Whether the individual lives alone;
- Health condition.

ONS applied figures published by Age UK to Census 2011 data in order to predict the risk of loneliness in older people. No direct measurement of loneliness took place so the data can only suggest areas in which older people may be at more risk of loneliness than others. Also, although areas within North Wales have been split into five separate groups, ranging from highest to lowest risk, it should not be assumed that there are large differences between areas in adjoining groups, since their values may be fairly similar in practice. With these factors in mind, the map below should be interpreted with caution.



Loneliness has a significant impact on physical and mental health

Loneliness and physical health:

- Research indicates that loneliness has an impact on death rates equal to smoking 15 cigarettes per day (Holt-Lunstad and Layton, 2010).
- Loneliness increases the risk of high blood pressure (Hawkey *et al.*, 2010).
- Individuals are also at risk of physical deterioration (Lund *et al.*, 2010).

Loneliness and mental health:

- Loneliness places individuals at more risk of cognitive decline (James *et al.*, 2011).
- One study concluded that lonely individuals were 64% more likely to develop clinical dementia (Holwerda *et al.*, 2012).
- Lonely individuals are more likely to suffer from depression (Green *et al.*, 1992; Cacioppo *et al.*, 2006).
- Loneliness and lack of social networks are predictors of suicide in older age groups (O'Connell *et al.*, 2004).

Maintaining independence:

Academic research emphasises the importance of preventing or mitigating loneliness to enable older people to remain as independent as possible. In

terms of the impact of loneliness on public services, lonely individuals are more likely to:

- Visit their GP, use more medication, be at more risk of falls and have increased risk factors of being in need of long-term care (Cohen, 2006).
- Gain early access to residential or nursing care (Russell *et al.*, 1997).
- Use accident and emergency services independently of chronic illness (Geller *et al.*, 1999)
- According to the WRVS, lonely individuals are less likely to use preventative services (specifically health services) (Women's Royal Voluntary Service, 2012a)

What are people telling us?

The reality of loneliness, isolation and feelings of worthlessness and vulnerability, particularly for people with recent onset of physical or sensory impairments are often exacerbated by loss of employment, economic independence, mobility and self-esteem, and sometimes over time by the breakdown in relationships and the collapse of the family unit.

Older people are often lonely or feel vulnerable and value building relationships with people that are supporting them, although they do not like having changes imposed on them or lots of different people coming into their homes. One homecare provider reported that over half of the people they support rarely see family members. Loneliness is often a factor when people consider moving into a care home – therefore volunteer organisations and good neighbour schemes are important in helping people feel connected and valued.

The most common concerns raised by respondents within the Citizen's Panel were maintaining independence, social and leisure activities. Another common concern was around accessing services, particularly in rural areas. People living in rural communities are less likely to benefit from voluntary / community organisations and other services such as public transport which may increase risk of loneliness, isolation and poor well-being. In addition, many people with mobility issues cannot access public transport.

Review of services currently provided

There are different services available across North Wales to address loneliness, which fit broadly into three tiers:

1. Social care and health: formal care including day centres, dementia specialist day care and day placements within residential homes.
2. Grant funded and commissioned community / voluntary services including:
 - a) Housing related support (funded by Supporting People Programme) aimed at providing people with the help they need to live in their own homes, hostels, sheltered housing or other specialist housing. Providing help as early as possible in order to reduce demand on other services

- such as health and social services; complementing any personal or medical care and promoting equality and reducing inequalities.
- b) Befriending Schemes; Stroke Café; Dementia Café; Lunch Clubs; Over 50 Clubs; Ageing Well Centres; Live Well Centre.
3. Informal community socialising activities and opportunities such as Merched y Wawr or initiatives that encourage people to be physically active such as walking groups or the Actif Woods Wales programme.

Conclusions

Reducing loneliness and isolation is one of the main challenges identified in our consultation and engagement. Successfully tackling this a priority would have many benefits for people's health and well-being and reduce the need for statutory services.

More information about plans to develop services and support to address loneliness and isolation is available in each council's Ageing Well Plans available at: <http://www.ageingwellinwales.com/en/localplans>. The well-being plans being produced by Public Service Boards under the Well-being of Future Generations (Wales) Act 2015 are also likely to address this issue.

For information about services in your area please see Dewis Cymru <https://www.dewis.wales/>

3.3 Support to live at home

Introduction

Continuing to live in their own homes is a priority for many older people and is an important part of maintaining independence. Research with older people defined independence as:

- Do not have to depend (too much) on others;
- Able to go out as you please;
- Able to move around and maintain your home;
- Avoid going to a care home (Blood *et al.*, 2015).

What we know about the population

The demand for support to maintain independence is affected by demography, household composition, social circumstances and health conditions.

The number of people aged 65 and over is increasing

People aged over 65 are more likely to need services. The number of people aged over 65 has increased across North Wales by 22% between 2005 and 2015 as shown in Table 3.2. The number of people aged 85 and over has increased by 25% over the same period as shown in Table 3.3. This is mainly due to demographic changes, such as the ageing of the 'Baby Boomer' generation and increasing life expectancy. The North Wales coast and rural areas are also popular areas for people to move to after retirement. For example, the care home census identified a high-number of people who funded their own care moving into care homes from out of the region. Consultation with staff suggests that people who have moved away from family and other social networks may be more dependent on social services.

Table 3.2 Number of people aged 65 and over, North Wales, 2005 to 2015

| | 2005 | 2015 | % increase |
|--------------|---------|---------|---------------|
| Anglesey | 14,000 | 17,000 | 25 |
| Gwynedd | 23,000 | 27,000 | 19 |
| Conwy | 26,000 | 31,000 | 18 |
| Denbighshire | 19,000 | 22,000 | 16 |
| Flintshire | 24,000 | 31,000 | 31 |
| Wrexham | 21,000 | 26,000 | 23 |
| North Wales | 127,000 | 154,000 | 22 |

Numbers have been rounded so may not sum

Source: Mid-year population estimates, ONS

Table 3.3 Number of people aged 85 and over, North Wales, 2005 to 2015

| | 2005 | 2015 | % increase |
|--------------|--------|--------|------------|
| Anglesey | 1,700 | 2,200 | 28 |
| Gwynedd | 2,800 | 3,900 | 38 |
| Conwy | 3,500 | 4,700 | 33 |
| Denbighshire | 2,700 | 2,600 | -1 |
| Flintshire | 2,600 | 3,400 | 29 |
| Wrexham | 2,600 | 3,100 | 19 |
| North Wales | 16,000 | 20,000 | 25 |

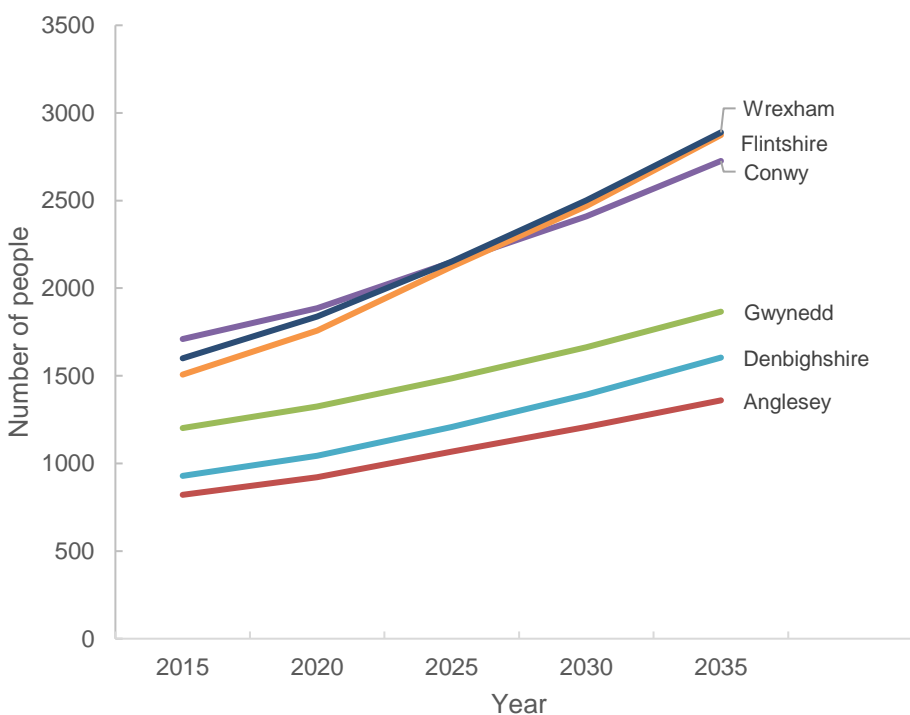
Numbers have been rounded so may not sum

Source: Mid-year population estimates, ONS

The number of people aged 65 and over receiving services will continue to increase

The number of people aged 65 and over who receive community based services in North Wales is expected to increase from 7,800 in 2015 to 13,300 in 2035 as shown in Figure 3.4. This is at the same time as the number of people aged 16-64, the available workforce, is decreasing.

Figure 3.4 Predicted number of people aged 65 and over receiving community support



Source: Daffodil

Life expectancy and healthy life expectancy are increasing but there is a gap between the two

Life expectancy for the 2010-14 period is 79 years for men and 84 years for women, with the healthy life expectancy at 68 years for men and 71 years for women. Although healthy life expectancy has increased over time, when the time comes where the oldest population begin to develop care and support needs, those needs are more intensive and complex as people live longer.

Many older people provide unpaid care for friends and relatives

In North Wales, around 14% of people aged 65 and over provide unpaid care, and around 65% of older carers (aged 60-94) have long-term health problems or a disability themselves (Office for National Statistics, 2011; Carers Trust, 2016). Most older carers state that being a carer has an adverse effect on their mental and emotional well-being and one third say they have cancelled treatment or an operation for themselves because of their caring responsibilities (Carers Trust, 2016).

We know that many older people with their own long term health conditions are caring for a family member, friend or neighbour and that their contribution to the economy of North Wales is significant; the equivalent cost of managed care and support would far outweigh available social care budgets.

Key to the implementation of the Social Services and Well-being (Wales) Act, is the additional rights that it gives carers. Under previous legislation, carers providing a significant amount of care had a right to an assessment of their needs, whereas the new act removes the reference to significant amounts of care being provided and also provides the right to a support plan, irrespective of whether the person being cared for has.

See carers' chapter for more information [\[add link\]](#).

There will be more people aged 65 and over living alone

The composition of households can also affect the demand for services to support independence. Data from the 2011 census shows that there are 44,000 people aged 65 and over living alone, which is 59% of all households aged 65 and over. Research by Gwynedd Council found a strong relationship between the number of people aged 65 and over who live alone and the number of clients receiving a domiciliary care package in an area.

People living in more deprived areas are more likely to experience poorer health

People living in the most deprived areas live on average shorter lives than those living in the least deprived areas. In North Wales there is a seven year difference in life expectancy between the least and most deprived areas (Public

Health Wales Observatory, 2014). Poor health can lead to care and support needs over a long period of time.

Fewer adults aged 65 and over are receiving services from local councils in North Wales although the number is expected to increase

Local councils provide or arrange social services such as homecare for older people who need additional support. In North Wales the number of people aged 65 and over has risen by 18,000 between 2010 and 2015, but the number of people in that age group receiving services has fallen by around 1,000 as shown in Table 3.4 below. The Social Services and Well-being (Wales) Act is likely to affect the numbers eligible for services in future.

Table 3.4 Number of people aged 65 and over receiving services, North Wales, 2010 to 2015

| | 2010-11 | 2011-12 | 2012-13 | 2013-14 | 2014-15 |
|--------------|---------|---------|---------|---------|---------|
| Anglesey | 1,600 | 1,700 | 1,400 | 1,300 | 1,200 |
| Gwynedd | 2,100 | 1,800 | 1,800 | 1,900 | 1,800 |
| Conwy | 2,000 | 2,000 | 2,200 | 2,400 | 2,200 |
| Denbighshire | 1,900 | 1,900 | 1,500 | 1,500 | 1,300 |
| Flintshire | 2,500 | 2,100 | 2,200 | 2,300 | 2,000 |
| Wrexham | 2,100 | 2,200 | 2,200 | 2,200 | 2,000 |
| North Wales | 12,000 | 12,000 | 11,000 | 12,000 | 11,000 |

Numbers have been rounded so may not sum

Source: Welsh Government

The rate per 1,000 of older people aged over 65 who are supported in the community is below the Welsh average in all six counties in North Wales. Wrexham and Flintshire have a higher rate of older people supported in the community than the other four counties (Office for National Statistics, 2011).

As shown in Figure 3.1 the largest increase in people aged 65 and over in the last 5 years was in the age group 65 to 70. This group are less likely to need care and support services than other groups. There may also be other reasons, such as:

- Increased sign-posting to services in the community. For example to shops that sell small and low value mobility aids such as grab rails or walking aids.
- The success of intermediate care and reablement services that support people to return to independence following a health crisis such as a fall or a stroke. Across Wales, 71% of people who receive a reablement service require less or no support to live independently as a result. Most services focus on physical or functional reablement, such as daily living tasks including personal care as a result of a fracture or stroke for example. The development of services to support the reablement of people with

dementia/confusion or memory loss are less well developed (Wentworth, 2014).

- Means tested charging policies (for services that were historically free or of minimal charge) coupled with a reduction in the proportion of people aged 65 and over experiencing poverty (Joseph Rowntree Foundation, 2014).
- Only 28% of people in Wales have such low incomes that they do not contribute to the cost of their domiciliary care (CSSIW 2016). It is anticipated that 30% of people have enough capital to totally fund their own care in both domiciliary care and care homes (CSSIW 2016 & North Wales Social Care & Wellbeing Services Improvement Collaborative, 2016).
- Changing eligibility for services.
- Unmet need, perhaps due to lack of service capacity, or unidentified needs.

Housing support and ‘Supporting People Programme’ services

Supporting People services play an important role in supporting older people to remain in their own homes. Further to an independent review of these Welsh Government grant funded housing support services in Wales (Aylward *et al.*, 2010), much has been done to widen the access for older people to these important services. For example the traditional ‘sheltered housing warden’ role has been widened to be ‘tenure neutral’ meaning it is available to home owners, tenants of private landlords as well as social housing tenants.

Many such services are also being aligned with occupational therapy / reablement services and assistive technology, including community alarms, to offer a consistent and streamlined service to people from low to high needs.

Domiciliary care (‘homecare’) services

In a Care and Social Services Inspectorate for Wales (CSSIW) survey of people receiving domiciliary care in Wales, 83% were aged 65 or older and 43% were aged 85 or over (Care and Social Services Inspectorate for Wales, 2016).

While the number of people receiving services overall may have reduced, the average amount of support received per week has increased.

The following table details the average number of hours of domiciliary care that were being provided to people aged 65 and over in 2014/15.

Table 3.5 Number of people aged 65 receiving domiciliary care and hours of domiciliary care provided in North Wales, 2014/15

| | Number of people 65+ receiving care | Hours of care provided each week | Average hours each week |
|--------------|--------------------------------------------|-----------------------------------------|--------------------------------|
| Anglesey | 340 | 3,900 | 11 |
| Gwynedd | 880 | 8,700 | 10 |
| Conwy | 1,000 | 8,700 | 8 |
| Denbighshire | 420 | 3,300 | 8 |
| Flintshire | 700 | 7,200 | 10 |
| Wrexham | 730 | 8,400 | 11 |

Numbers have been rounded

Source: Welsh Government, Stats Wales

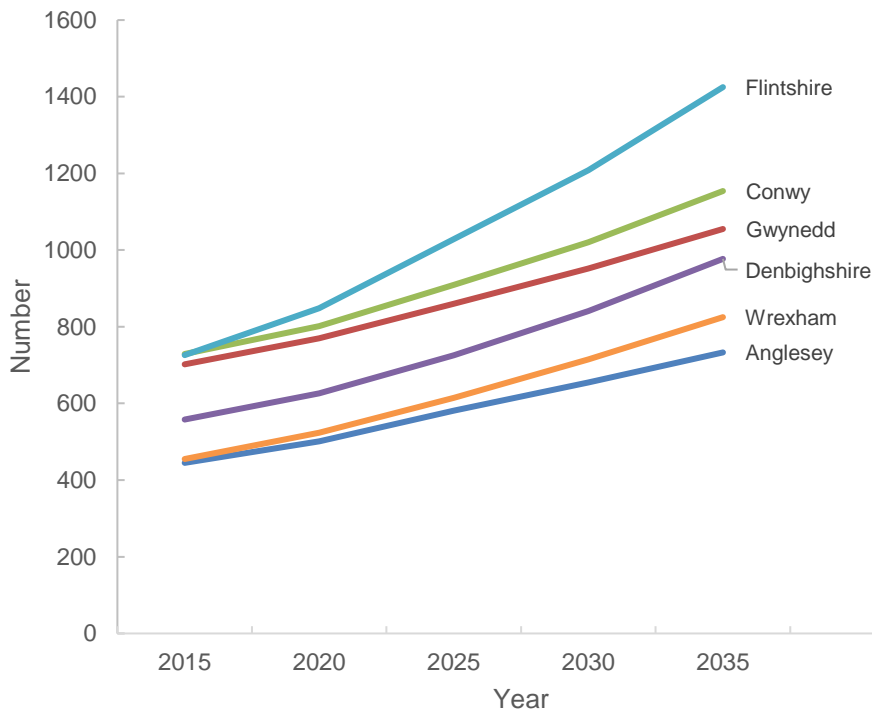
On average people received just over 9 hours of support per week, this increased to over 12.5 hours of support per week in 2015/16.

The number of people admitted to hospital following a fall is likely to increase

Falls are a substantial risk to older people and injuries caused by falls are a particular concern, such as hip fractures. After a fall there is an increased need for services which help the older person to regain their independence and tackle their loss of confidence and skills, particularly after periods of hospitalisation. Loss of confidence, skills and independence may contribute to issues of loneliness and isolation (see 3.2).

Figure 3.5 shows how the number of people admitted to hospital following a fall is likely to increase. Falls prevention is a priority for Welsh Government and local councils, for more information see each council's Ageing Well Plan.

Figure 3.5 Predicted number of people aged 65 and over that will be admitted to hospital because of a fall



Source: Daffodil

What are people telling us?

People who engaged with the Citizen's Panel identified real concern about how they would adapt their house to meet changing needs related to ageing or illness, and the fear of having to move if it was not possible to adapt their current home. Some of the respondents stressed the importance of (intermediate) care and support to avoid long stays in hospital and having care staff that you could develop a positive relationship with.

Maintaining social and community involvement was also important to many of the respondents and examples given included attending church and rugby clubs as well as visiting children and other family members. There is a need for basic logistical issues to be overcome. For example, if they can no longer drive or manage their lives through their disability. Transport can be an issue, especially if there are special needs (such as using a wheelchair). Others' assumption that they cannot do things frustrates some older people, especially those with some physical limitations.

People have reported that they have a wide variation of experiences of domiciliary care – from support with personal care and hygiene, moving and positioning, preparing food and help to eat, to being aided to dress or go to bed. Many people said that this care and support enabled them to do things when they want, but many also said that it did not. The main reason for this was having to fit into the care provider's routine/rotas, or to provide only the support

detailed in a restrictive care plan which focussed on daily living tasks rather than quality of life issues.

The majority of people said care workers treated them with dignity, courtesy and respect. Comments included - 'like friends coming in'; 'usually very nice'. However, people less happy with their services said 'untrained carers, some are rude, abrupt, do not listen'. Unfortunately one person felt threatened that they would lose their care and support if they complained or raised concerns.

In relation to domiciliary care:

- People worry about whether they are able to access short term care and support at home following surgical procedures and report that often much of the responsibility falls to family carers. However, around half of the people engaged with the Citizen's Panel said they had no-one to support them. For some, this was because their partner or other family member had care and support needs of their own. Some mentioned being single, having no children, children who had moved away, relocating away from family or being separated from their partner. A few people also mentioned being the 'last of their family' and a few were concerned, not wanting to be 'a burden' on family or needing a social care package. Problems were reported in regards to access to help, advice and support or care in time of crisis including access to equipment.
- In respect of needs that were hardest to meet, in the main people were concerned about maintaining independence or help with daily life. People mentioned hygiene, house maintenance, shopping, lighting the coal fire, cooking, cleaning and keeping their mobility. Many people also mentioned the difficulty of social isolation and loneliness.
- Supporting people to manage medication administration after surgery or to treat a chronic condition is very important.
- Quality of care was prominent in responses and being cared for by someone who spoke your language was particularly important for people who have dementia.
- Empowering independence is considered vital for good mental health and overall well-being. However, there are some older people that are happy to become reliant upon others for support with activities of daily living and may resent offers from enablement services.

Ideas for improving domiciliary care included:

- Workers having more time to improve well-being, be more observant of needs and better understand people's needs / wishes.
- Care plans that take account of family carers needs' as well.
- Workers with more health care / hospital care experience.

- Being advised if the worker can't attend on time.
- Keeping to agreed times where support is about medication.
- Ensuring workers have basic life skills, such as cooking, using standard household machines (microwave, washing machines).
- Providing Welsh speaking workers.

Betsi Cadwaladr University Health Board Ophthalmology was reported as inadequate for the volume of need, resulting in long waits especially for cataract surgery and intravitreal treatments. Delays in accessing treatment may have a negative physical and emotional effect on people's lives.

All public sector organisations (whether statutory, private or charitable) are experiencing financial challenges which may impact on their ability to offer flexible services; however access to good information, advice and assistance in a timely manner can assist people to build on their own assets (financial, social and physical) and make the best use of facilities and services in their community. This approach avoids or minimises unnecessary demand on services and promotes people's independence. Understanding what matters or what is important to people and enabling them to achieve it is the key role of public services in the future. Accessing and building on people's strengths and relationships reduces unnecessary burden on state funded services whether from the NHS or Councils.

Review of services currently provided

At present, a variety of community services are being provided for people to support them to continue living at home. The provision includes: respite opportunities in residential placements; support with personal care and food preparation; assistive technology; day care placements and transport; supervision; and adaptation services to ensure that houses are suitable to satisfy needs.

All local councils in North Wales are working with the health board to develop domiciliary care services that focus on people's quality of life (and what matters to them) and provide good working terms and conditions for care staff.

What works well?

- Maintaining independence and supporting people to live as independently as possible in their own homes. Enablement support assists people to regain their skills and independence.
- Quality of the provision - many care workers provide good care and go the 'extra mile'. The support is a great success, users are happy and they have established a good relationships.

- Putting the person at the centre – there are good examples of providers who befriend clients and provide the most suitable care to satisfy the user's needs. This leads to very successful packages.
- Supervision services are very valuable to carers and help maintain people in the community. If this support was not available it would lead to more intensive care packages for individuals.
- Equipment and adaptations help maintain people's independence without the need for a formal care package. There is good collaboration between various council departments such as grants and home safety departments.
- Assistive technology is an important service that helps keep people at home for longer, for example, people at risk of falls. Technology is developing to offer more sophisticated options to meet care and assistance needs.

What could be improved?

- Workforce - there is a shortage of workforce, particularly in rural areas and as a result of high staff turnover. This affects the relationship between the care worker and the user (in particular people living with dementia). This in turn affects the success of the support. It is also a challenge to recruit male care workers and Welsh speakers to the field. This lack of capacity can make it difficult to respond to needs urgently in some areas. There is a need to raise the status and improve working conditions of care workers to reduce the high turnover in the field, and reward the workforce's skills.
- Better awareness and communication of services that are available.
- Promoting a consortium approach between providers to help meet intensive needs.
- The timing of domiciliary care calls can be an issue and it is difficult for providers to be flexible. It is challenging to meet people's needs in accordance with their wishes.
- Support for people with challenging behaviour including better training for care workers to meet needs and support for people with no family members around them and people from minority groups such as Polish, Chinese, Indian and Sri Lankan people. Although these numbers are very low, the cases are increasing gradually over time.
- There can be difficulties in some areas with ordering specialist equipment.

Challenges facing commissioners and providers

- Maintain independence and strengthen the resilience of vulnerable adults and older people for as long as possible so that individuals are not dependent on statutory services. We need to understand and learn more about the factors that contribute towards people's independence.
- Ensure that people identify solutions to any barriers themselves, by using their personal assets, family, friends, community and third sector.

- Changing people's attitudes towards ageing and their expectations of statutory services. Encouraging older people to consider the type of support, structures, adaptations to their homes that will need to be done as they age. Local engagement found people are very reluctant to prepare for a situation where their health deteriorates and that some people within rural communities are very often reluctant to ask for assistance and support. This often leads to the loss of opportunities to offer preventative support so that people's needs do not increase and reach crisis point.
- Providing more flexibility when individuals need support from statutory services.
- Working towards achieving the personal and well-being outcomes of each person receiving care and support in addition to maintaining their independence. Including commissioning domiciliary care based on personal outcomes and working with the individual to agree upon the type of support needed to meet their personal objectives.
- Working jointly with health services to identify support for older people in their homes following a significant incident such as falls. An example of this type of support has been developed on Anglesey jointly with social services and health services under the Night Owls project banner.

Conclusions

Continuing to live in their own homes is a priority for many older people and is an important part of maintaining independence. The demand for service is likely to increase as the number of people aged over 65 increases in the population. The demand also seems to be increasing for more complex support and a higher number of hours of care each week.

Current services are delivering high quality support that help maintain people's independence, with many people reporting that they are happy with the care they receive. There are difficulties recruiting and retaining care workers, particularly in rural areas, male care workers and Welsh speakers. We need to improve awareness of available services and support providers to meet intensive and specialist needs and provide a flexible service.

The challenges facing commissioners and providers are to continue to provide flexible support to enable people to: be independent; identify their own solutions using their personal assets, family, friends, community and third sector; plan for future care needs; achieve their personal and well-being outcomes.

3.4 Dementia

Introduction

'Dementia is a destructive illness, and it is much more than memory loss. It is a degenerative brain disease that restricts life and affects each part of the physical, cognitive, emotional and social ability of an individual' (Welsh Government, 2016)

There is no cure, although there are treatments that can slow down the progression of some types of conditions, in some cases. Dementia has a substantial effect on individuals, and this leads to great pressure on statutory services, the third sector and family and friends that support individuals living with dementia. Despite the challenges that dementia brings, people can be supported to live well, or at least better than they thought, and our challenge is to provide that support.

Dementia is addressed in national strategies and is a theme within the Ageing Well Programme. One of the aims of the programme is to "make Wales a dementia supportive nation by building and promoting dementia supportive communities."

What we know about the population

According to estimates, over 45,000 people in Wales are currently living with dementia, and it is expected for this figure to exceed 55,000 by 2021 (Alzheimer's Society, 2015). The vast majority of people living with dementia are older people, and cases of early onset dementia (among people aged under 65) is relatively rare. However; according to our local engagement work - the numbers amongst younger adults are increasing gradually ([see mental health and learning disability chapters](#)).

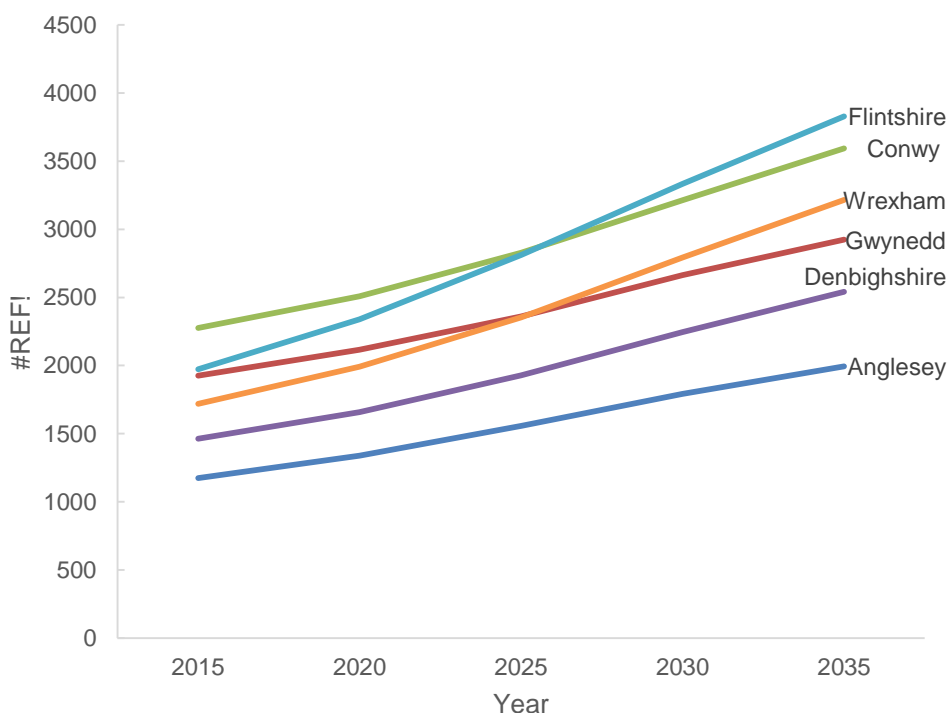
Between 2011 and 2021, it is expected that the number of people suffering from dementia in Wales will increase by 31% and up to 44% in some rural areas (Welsh Government, 2011). By 2055, it is estimated that over 100,000 people in Wales will be living with dementia. From the total of 45,000 people in Wales who are living with dementia, it is estimated that approximately two-thirds of them are living in the community, with the remaining one-third living in care or residential homes (Alzheimer's Society, 2007).

There are between 4,600 and 11,000 people living with dementia in North Wales. The low estimate is based on the number of people on the dementia register, and only includes patients diagnosed with dementia who have had a face-to-face care review during the preceding 15 months (Quality and Outcomes Framework, 2014). The higher estimate comes from applying a prevalence estimate to the 2011-based Welsh Government population projections (Alzheimer's Society, 2007; Institute of Public Care, 2015). We do

not have information about how many people living with dementia are currently supported by local councils.

As people live longer, it is likely that the number of cases of dementia will increase. Figure 3.6 shows the anticipated increase in the number of older people with dementia in North Wales; a 72% increase between 2015 and 2035. However, a recent study suggests that the anticipated 'explosion' in cases of dementia has not been observed (Matthews *et al.*, 2016). This may be due to improvements to health, particularly for men for example, fewer men smoking, eating less salt and doing more exercise. However, researchers have warned that cases of increases in obesity and diabetes could overturn this trend in the future.

Figure 3.6 Predicted number of people aged 65 and over to have dementia



Source: Daffodil

What are people telling us?

People in North Wales are concerned about lack of information and support after a diagnosis of dementia, including a lack of benefits entitlement. Some reported that they feel there are hidden numbers of people living with dementia and carers who are not accessing services, particularly with people under 65 who may not have access to appropriate residential / respite care. People in their forties and fifties do not want to receive services alongside people in their eighties.

Supporting people to remain self-caring where possible while in hospital and to be discharged as soon as they are well enough (with the right care or support at home) is really important as older people fear going into hospital - this is

particularly important for people with dementia. The right care and support does not just focus on levels of 'functioning' or daily living tasks but also what is important to people – such support (getting out and about, retaining social contact) often falls to friends, family and neighbours, or is unmet need if not recorded by health and social care assessors.

Review of services currently provided

Living with dementia can have a major emotional, social, psychological and practical impact on a person. Care and support services available to support people with dementia in North Wales include:

- Specialist assessments.
- Support to maintain independence and live in the community, for example, support with daily tasks and personal care.
- Supervision support during the day / overnight.
- Opportunities for carers to have a break / respite. A range of opportunities are available and can include: the carer and person with dementia getting away from home together in a dementia café or a day trip; providing the carers with a break away from home for a few hours; or the person with dementia receiving support in a care home for a few days or a week or more.
- Support for carers in order to support them to continue in their caring role.
- Support that promotes the well-being of the individual who is living with dementia, including support to continue to participate in activities or opportunities within their communities.
- When needs are very intensive, there is a need for specialist residential and nursing placements.
- Dementia support workers.
- Dementia Friendly Community events.
- Support provided by the Alzheimer's Society.
- Community Psychiatric Nurses.

These services are coordinated by dementia strategic groups in some areas.

What works well?

- Temporary units in residential homes that allow services to assess initial memory problems and an individual's ability to cope at home independently.
- Specialist day care opportunities jointly provided with health. These provide an opportunity for carers to have respite and achieve well-being outcomes for the individual living with dementia by providing contact with the world and ensuring a level of safety. The provision is also an opportunity to undertake

a further assessment and thus contributes towards maintaining the individual who is living with dementia in the community for a longer period of time.

- Provision such as Dementia Go.
- Befriending and respite services that respond to the individuals' needs, particularly when it was provided in the home or nearby.
- Successful domiciliary care support maintains people with very intensive needs in the community, rather than within a specialist residential or nursing placement.

Challenges facing commissioners and providers

- Carrying out early identification and assessment and timely diagnosis, and providing good information and support on diagnosis.
- Providing more support for younger people with dementia, including befriending schemes.
- The need for more elderly mental health nursing provision and elderly mental health (EMH) residential care.
- Welsh language issues – making sure there is enough provision and specialist assessment is available through the medium of Welsh. This was also identified as a concern in the national research of the Older People Commissioner in her report "Dementia: More than just memory loss".
- The ability of the care home market to meet the Continuing Health Care (CHC) needs, as an individual's needs escalate.
- Providing specialist day care provision to support individuals with mixed needs (often intensive physical and dementia needs). There is a pilot of 1:1 and 1:3 support in Denbighshire to meet individual needs.
- Supporting people displaying challenging behaviour and maintain home care support and EMH Nursing placements.
- Providing flexible services that appeal to the interests of people living with dementia and the people who care for them and help achieve their personal and well-being outcomes. This support needs to address transport barriers and avoid stigma.
- Improving collaboration between statutory services to remove difficulties and unnecessary barriers for people living with dementia and the people who care for them.

Conclusion and recommendations

There are an estimated 11,000 people living with dementia in North Wales. This number is expected to increase although this may be not as much as originally thought due to improvements in health. Dementia has a substantial effect on individuals, which leads to great pressure on statutory services, the third sector,

and family and friends that support them. Despite the challenges that dementia brings people can be supported to live well, or at least better than they thought, and our challenge is to provide that support.

Current services are providing a wide variety of support that is meeting the needs of many people.

Areas for improvement and recommendations

1. Provide more information and support after diagnosis.
2. Additional training for care workers in working with people who have dementia.
3. Develop additional services that meet individual needs, particularly for younger people with dementia and through the medium of Welsh.
4. Make sure there is sufficient elderly mental health nursing provision and elderly mental health (EMI) residential care.
5. Improve joint working between services.

More information is available in the North Wales Dementia Market Position Statement and information about specific developments in each county can be found in the Ageing Well Plans available at:
<http://www.ageingwellinwales.com/en/localplans>

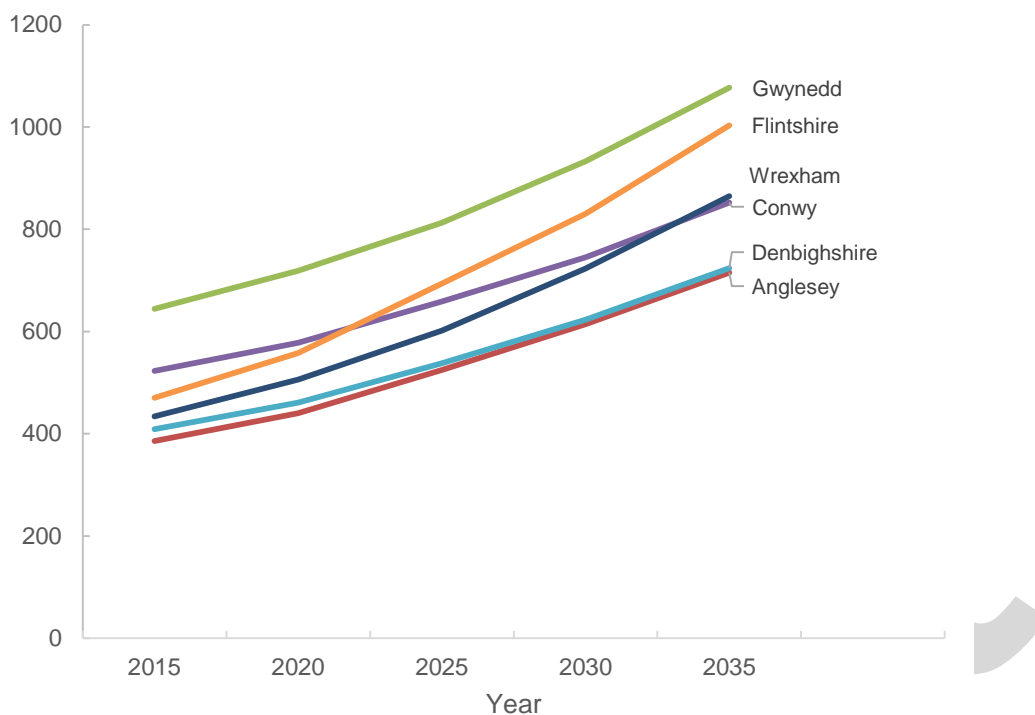
3.5 Care homes

What we know about the population

The number of people aged 65 and over who receive residential based services is expected to almost double by 2035 as shown in Figure 3.7. However, the number of people being supported by health and social services to move into care homes has been reducing over time, as support to live at home has improved and more people have the funds to make decisions to move into care homes without statutory funding. As people are better supported to live at home, people are moving into care homes at a later age, so the length of time that people live in care homes ('length of stay') is reducing (in May 2016, this was on average 25 months), but the needs of people living in care homes are becoming increasingly complex.

People living with dementia tend to move into a care home at a slightly earlier age of 81 (as opposed to people without dementia, who are aged 83 on average). The average length of stay in a care home appears to be shorter for people living with dementia – by approximately four months in residential care and one month in nursing care. The average age of people with dementia living in a residential care home in North Wales is 84 and in a nursing home is 82.

This means that we are likely to need a reduced number of overall care home placements in the next few years in North Wales - generally less residential placements, but more services for people with dementia and with nursing care needs. The specific requirement - more or less of particular types of care home rooms – differs in each county. For example, there are too many residential places in northern Denbighshire (Rhyl and Prestatyn areas) but a shortage in the south, for example in Corwen.

Figure 3.7 Predicted number of people aged 65 and over receiving residential based services

Source: Daffodil

What are people telling us?

Very few people who engaged with the citizen's panel mentioned care homes in relation to how they would anticipate meeting their future care needs; which is consistent with the understanding that most people want (if possible) to receive care and support in their own home and do not want to move home when, or if, they become poorly.

Several organisations were concerned with a lack of choice and overall shortage of suitable accommodation for older people, be that care homes, extra care housing or shared ownership accessible accommodation.

A lack of alternative accommodation with support means that more people are likely to have to move into care homes in their later years, when in their poorest of health, and the reductions in the number of care homes / residential homes is of concern to people in North Wales, as is the recruitment and turnover of care staff.

Care homes themselves reported finding it difficult to help people to be part of the wider community, involving residents more in the decisions, and improving mobility / exercise of residents.

Review of services currently provided

Overall in North Wales, local council homes offer 11% of the registered placements. The independent / private sector operate 89% of provision, although this differs by county, with the highest percentage of local council 'market share' being in Gwynedd.

The provision of care home placements as of May 2016 was as follows:

Table 3.6 Registered beds by sector

| | Local council | Voluntary / third sector | Independent / private sector | Total |
|--------------|---------------|--------------------------|------------------------------|-------|
| Anglesey | 162 | 0 | 452 | 614 |
| Gwynedd | 318 | 0 | 769 | 1,087 |
| Conwy | 27 | 0 | 1,288 | 1,315 |
| Denbighshire | 77 | 31 | 996 | 1,104 |
| Flintshire | 92 | 0 | 721 | 813 |
| Wrexham | 0 | 0 | 1,222 | 1,222 |
| North Wales | 676 | 31 | 5,448 | 6,155 |

Source: Care home census 2016

The breakdown of available places by category of care in May 2016 was understood to be:

Table 3.7 Registered beds by county in North Wales, 2016

| | Residential | Residential mental health | General nursing | Nursing mental health | Total |
|-----------------|-------------|---------------------------|-----------------|-----------------------|-------|
| Anglesey | 344 | 90 | 124 | 56 | 614 |
| Gwynedd | 425 | 116 | 408 | 138 | 1,087 |
| Conwy | 532 | 214 | 375 | 194 | 1,315 |
| Denbighshire | 576 | 208 | 171 | 149 | 1,104 |
| Flintshire | 309 | 227 | 233 | 44 | 813 |
| Wrexham | 466 | 339 | 244 | 133 | 1,222 |
| North Wales | 2,652 | 1,194 | 1,555 | 714 | 6,155 |
| North Wales (%) | 43 | 20 | 25 | 12 | 100 |

Source: Care home census 2016

In our care home placement census in May 2016, on average across North Wales, there are approximately 40 (total) available care home places per 1,000 of the population aged 65 years and over; broken down into 25 residential and 15 nursing places per 1,000 people aged 65 and over.

Table 3.8 Number of registered beds, for each 100 people aged 65 and over

| | Residential places | Nursing places | Total |
|--------------|-----------------------|-------------------|-------|
| Anglesey | 2.5 | 1.0 | 3.5 |
| Gwynedd | 2.0 | 2.0 | 4.0 |
| Conwy | 2.4 | 1.9 | 4.3 |
| Denbighshire | 3.5 | 1.5 | 5.0 |
| Flintshire | 1.7 | 0.9 | 2.6 |
| Wrexham | 3.0 | 1.4 | 4.7 |
| North Wales | 2.5 | 1.5 | 4.0 |

Source: Care home census 2016, mid-year population estimates 2015

At least 115 of the 208 care homes had vacancies at the time of the census (not all homes in Conwy / Wrexham provided information). This included 17 of the 24 local council homes (71%) and 97 independent sector care homes (53%). There were 430 vacant placements (71 of which in local council care homes) and 20 homes identified over 20% of registered beds were vacant.

Data on available (vacant) placements by category of care suggest that almost half of the vacancies were in homes providing residential care. This may be because people are choosing to remain living at home with domiciliary care for as long as possible, and/or until such time as they have significant mental or physical health needs which cannot be met at home.

At least 4,864 people were known to be resident in the 6,155 care home places; North Wales' commissioners (local councils and Betsi Cadwaladr University Health Board) currently purchase around 69% of available placements, with self-funders understood to be purchasing 29% and other commissioners purchasing 2% of all places.

The Institute of Public Care, Oxford Brookes University (IPC) conducted a market review of care homes for older people in Wales on behalf of the Public Policy Institute of Wales. This review detailed that the majority (65%) of non-council care homes in North Wales were owned and operated as single homes; with 26% in a small group (up to three homes) and 9% in a larger group with four or more homes. Conwy is one of three council areas in Wales who has two thirds or more of its homes and beds provided by single homes providers. Conwy and Denbighshire are two out of three Local Authorities in Wales who have 10 or more homes in their area operated by smaller group providers. The larger group homes in North Wales are owned by Grwp Gofal Cymru, Barchester Healthcare Homes Ltd, Pendine Park Care Organisation and Leighton Healthcare (No11) Ltd. Pendine Park Care Organisation provides the greatest number of placements in North Wales.

The four largest care home Providers in Wales, do not operate in North Wales - HC-ONE Ltd, BUPA Care Homes (Partnerships) Ltd, Hafod Care Association Ltd and Hallmarks; which may represent an opportunity for future partnerships.

This survey also detailed the mean number of beds per home in each county, showing a variation in average home size across North Wales:

Table 3.9 Number of registered beds, for each 100 people aged 65 and over

| | Number of homes | Number of beds | Average beds in each home |
|--------------|-----------------|----------------|---------------------------|
| Anglesey | 23 | 611 | 27 |
| Gwynedd | 38 | 1,096 | 29 |
| Conwy CB | 55 | 1,297 | 24 |
| Denbighshire | 40 | 1,125 | 28 |
| Flintshire | 28 | 881 | 31 |
| Wrexham | 31 | 1,229 | 40 |
| North Wales | 23 | 611 | 27 |

Source: <http://ppiw.org.uk/ppiw-report-publication-the-care-home-market-in-wales-mapping-the-sector/>

Choice

The development of Extra Care Housing has provided alternatives to residential care for some people in North Wales; with some units specifically catering for people with dementia in extra care. There were 252 people living in extra care in North Wales in 2015.

All extra care schemes within North Wales have been developed to meet lifetime home standards – offering accessible facilities such as level access showers, hi-lo baths with ceiling hoists and wheelchair / mobility scooter storage. Eligibility criteria for the schemes require prospective tenants to have housing related and/or eligible social care needs. Schemes are available for people aged from 55 years, criteria are developed locally and some offer accommodation for people aged 60 or 65 and over.

The allocation policies for each scheme are developed locally, however most aim to achieve a balanced community of people across the low, moderate to high level continuum of needs.

While most people would wish to remain in their home (including extra care) for as long as possible, it is anticipated that the existing pressures on the domiciliary care workforce will not reduce significantly in the medium term. While there will be some further development of extra care housing in North Wales, this will not be able to meet the anticipated future increase in demand for 24/7 accommodation and care. Therefore, we would expect an increase in

demand for care home placements as the number of people aged 65 and over, particularly people aged 85 and over increases.

While we may generally need fewer residential placements and more services for people with dementia and nursing care needs in North Wales, the specific requirement - more or less of particular types of care home places – differs in each county and community. For example, there are too many residential places in northern Denbighshire (Rhyl and Prestatyn areas) but a shortage in the south area such as Corwen. We are developing a market position statement which will detail our commitments for future investments and support for care homes.

In the last four years (2012–2016), North Wales has lost nearly 400 nursing home places overall which is a real concern (although there have been some new homes built and new nursing home registrations). This may be because of home closure or because homes have changed their services to only provide residential care because they have found it too difficult to recruit nurses or have found it financially unsustainable to offer nursing care for the fees paid by statutory commissioners. Although few people have to move away from their home area due to lack of choice currently, if there are many more nursing home closures or de-registrations this may increase.

Approximately 29% of people living in care homes in North Wales fund (in part or in total) their own care (at least 1,390 'self-funders' in May 2016); with the health board contributing funded nursing care for over 300 of these. Self-funders often pay more for a placement than health and social services. Therefore, interest shown in a care home by a self-funder may be more attractive to home owners.

Care home owners have told us that they have seen a significant increase in the number of people able to fund their own care - this may impact on the availability of choice of care homes for people who receive state funding.

Moving to a care home in North Wales is clearly considered by many as a positive choice. In May 2016, we understood that at least 319 people had moved into care homes in North Wales from outside of the region; 192 of those people were self-funders.

While the availability of choice of accommodation and support (whether in extra care or in a care home) is really important for older people, neither accommodation providers nor commissioners can afford to fund significant levels of vacancies that will guarantee a wide choice in each area. If we expect to see a reduction in demand in the short to medium term we may see more homes closing in North Wales, which may result in an under capacity in the longer term when we may anticipate a greater demand.

It is not clear how the availability of extra care housing will impact on the demand for residential care. The Housing Learning and Information Network has developed a tool to support commissioners and planners to anticipate demand for different types of accommodation with support. The SHOP@ tool predicts by 2030, the following over supply in Denbighshire of residential care places and of Sheltered Housing in Flintshire and shortfall in other form of housing / accommodation with care placements:

Table 3.10 Shortfall in places by 2030

| | Residential care home | Nursing care home | Sheltered housing | Housing with care |
|--------------|------------------------------|--------------------------|--------------------------|--------------------------|
| Anglesey | 28 | 350 | 392 | 356 |
| Gwynedd | 91 | 166 | 752 | 412 |
| Conwy | 130 | 275 | 170 | 370 |
| Denbighshire | -204 | 359 | 467 | 384 |
| Flintshire | 326 | 686 | -352 | 657 |
| Wrexham | 21 | 317 | 756 | 594 |
| North Wales | 392 | 2,154 | 2,185 | 2,774 |

Source: SHOP@ tool

Further breakdown is provided in the tables below:

Table 3.11 Total number of beds / placements required

| | Residential care home | Nursing care home | Sheltered housing | Housing with care |
|--------------|------------------------------|--------------------------|--------------------------|--------------------------|
| Anglesey | 441 | 177 | 604 | 54 |
| Gwynedd | 600 | 612 | 717 | 193 |
| Conwy | 708 | 668 | 1611 | 363 |
| Denbighshire | 802 | 313 | 803 | 139 |
| Flintshire | 554 | 304 | 2223 | 113 |
| Wrexham | 720 | 516 | 818 | 54 |
| North Wales | 441 | 177 | 604 | 54 |

Source: SHOP@ tool

Table 3.12 Prevalence rate (per 1,000 over 75)

| | Residential care home | Nursing care home | Sheltered housing | Housing with care |
|--------------|-----------------------|-------------------|-------------------|-------------------|
| Anglesey | 62.1 | 24.9 | 85.1 | 7.6 |
| Gwynedd | 49.6 | 50.6 | 59.3 | 16.0 |
| Conwy | 49.9 | 47.0 | 113.5 | 25.6 |
| Denbighshire | 88.1 | 34.4 | 88.2 | 15.3 |
| Flintshire | 47.8 | 26.2 | 191.6 | 9.7 |
| Wrexham | 69.2 | 49.6 | 78.7 | 5.2 |
| North Wales | 44.5 | 41.0 | 92.7 | 9.0 |

Source: SHOP@ tool

Conclusion and recommendations

Key issues for future development in North Wales:

- We will need to be clear about how many more people we would like to support in extra care accommodation in the future and whether community health services will be able to meet people's health / nursing care needs.
- There is anticipated to be a need for more nursing home placements in the future, particularly supporting people with mental health conditions and dementia. This will require joint workforce development initiatives to train, recruit and develop nurse managers and care and support workers meeting people's health care needs.
- Councils and the Health Board are working together to explore how people's health care needs can be met in residential homes and / or extra care by community nursing / therapy staff such as occupational therapists and physiotherapists to reduce the number of people having to move into nursing homes.
- There is need for more care and support provision to meet (Welsh) language needs in care homes. This will be strengthened in future contract agreements.
- Commissioners need to review and revise the Pre Placement Agreement (contract) for care homes to reflect new standards and anticipated regulatory requirements by April 2018. This will include the development of specifications (including workforce competency requirements) for all future requirements including support for people with dementia, intermediate care such as step-up/down support (detailing the rehabilitation interventions or support requirements from care home staff) and 'discharge to assess' services.
- Overall reviews of quality and safety within care homes across North Wales suggest that in some homes there needs to be:

- Improvements in management leadership including clinical leadership in nursing homes.
- Development of the physical (building) environment to better meet people's very complex needs (including mobility impairments and confusion / dementia)

Local developments required in:

Ynys Mon include:

- Exploring options for most effective use of local council care home provision, including intermediate care and meeting more complex needs, in conjunction with health staff.
- Increasing the provision of Extra Care Housing as an alternative to residential care; thus the demand for residential provision is anticipated to decline in line with recent trends, however this is likely to be gradual.
- Increasing EMI Residential capacity (consistent with higher levels of people living with dementia), again this will be a gradual shift.
- A rapid increase in EMI nursing will be required in the short to medium term as demand considerably outstrips existing provision.
- Improving community health resources to support people with nursing needs at home, which is having an impact on the demand for General Nursing placements which is expected to continue.
- Ensuring that current and future care home accommodation meets the prevalent standards.

Gwynedd include:

- The vision is to support people to continue to live at home within their communities for as long as possible, and reduce the need for traditional Residential placements. This will require an overall increase in accommodation for Older People, with the greatest demand and gaps being anticipated for sheltered and extra care housing.
- Gwynedd's local market position statement details that there are key areas within Gwynedd, where the population of people aged 65 and over is particularly high, that do not have care home provision, including - Abermaw, Llanbedr, Dyffryn Ardudwy, Aberdovey / Bryncrug / Llanfihangel and Harlech. Their needs analysis also shows that the community of Llanbedr has a significantly ageing population with no local care home provision.
- In the short term, Gwynedd intend to reduce the number of traditional long term residential care placements, increase the provision of residential care for people with dementia. Gwynedd would also wish to increase opportunities for people to receive extended respite periods and offering flexible opportunities for respite care to meet the needs of carers.

- In the longer term, if rates of placement remain as current, Gwynedd have forecasted that by 2030 there will be a requirements for additional provision to accommodate and support 631 people requiring residential care and 600 people requiring nursing care.

Conwy include:

- Continued investment in integrated locality services and quality care homes; with the aim of creating a stable and sustainable Care Home Sector in Conwy, improving experience for residents and avoiding inappropriate Accident and Emergency attendance and / or hospital admissions.

Denbighshire include:

- Increasing the provision of Extra Care Housing as an alternative to residential care (unless specialist nursing or mental health care is required).
- Rationalising the supply of residential beds, where there seems to be an over provision in the short to medium term. However if forecasts regarding the anticipated increase in numbers of people with dementia are correct, there will be need to increase the number of Elderly Mental Health (EMH) Nursing beds in Denbighshire. There may not be enough EMH residential beds. Analysis in February 2016 suggests with the exception of EMH Nursing, in most areas there are sufficient care home beds to meet demand and some over-capacity in certain areas.

Flintshire include:

- Maintaining the local council care home provision and exploring the development of intermediate care hub focused on preventative and early intervention work.
- An increase (based on projected need from demographic changes) of a further 178 care home placements by 2020: 67 Residential; 52 EMH Residential; 51 Nursing and 8 EMH Nursing.

Wrexham include:

- Developing Extra Care offering mixed tenure independent living (Dementia, Disability, Learning Difficulties) including specialist provision (Extra Care) for younger adults with a disability to reduce out of county placements. Also Interested in developing Intermediate Care using Extra Care facilities and developing step up step down beds.
- Planned reduction in general residential places and increase in general and EMI nursing across Wrexham. Ideally homes would be dual registered.

3.6 Equalities and human rights

This chapter includes an overview about the needs for care and support of older people in North Wales. It highlighted the needs of older carers and that men and disabled people are more at risk of experiencing loneliness. The consultation highlighted concerns of older Lesbian, Gay, Bisexual, Transgender (LGBT) people which could be addressed with improved training and awareness of the workforce.

The literature review for the Equalities Impact Assessment highlighted additional issues to consider including:

- Findings from the Minority Ethnic Elders Advocacy Project (MEEA). National research has shown that ethnic minority elders are more likely to suffer discrimination in accessing services or gaining employment. The other key issue is isolation which has an effect on mental health and well-being. The project sought to empower ethnic minority elders to take control of their lives, reduce loneliness, improve well-being and increase self-confidence and self-esteem. The project has also sought to influence statutory and voluntary organisations to provide better services for ethnic minority elders in North Wales. A number of barriers have been identified which include access to primary care services and increasing levels of interpretation and translation support.
- A review of Strategic Equality Plans (SEP) across the public sector in North Wales. Issues raised included cyber-crime, personal safety and hate crime. Dementia awareness with a particular focus on older transgender people and care and support for older LGBT people.

There may be other issues affecting people with the protected characteristics not picked up by this assessment that could be addressed in future population assessment reviews, in the development of the area plan or in the services developed or changed in response to the plan. We would welcome any further specific evidence which may help inform the final assessment.

Services developed for older people need to take a person-centred approach that takes into account the different needs of people with protected characteristics. They must take into account the United Nations Principles for Older Persons and Welsh Government's Declaration of the Rights of Older People in Wales.

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4 Health, physical and sensory impairments

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4.1 About this chapter

This chapter includes information on the needs of the population relating to general health, lifestyle, long term conditions, physical disability and sensory impairment.

There will be issues relating to health and well-being in each of the chapters and those with an interest in a specific group should refer to the relevant chapter below.

- Children and young people [\[add link\]](#)
- Older people [\[add link\]](#)
- Learning disabilities and autism [\[add link\]](#)
- Mental health: including information about early-onset dementia [\[add link\]](#)
- Carers [\[add link\]](#)
- Violence against women, domestic abuse and sexual violence [\[add link\]](#)
- Secure estate [\[add link\]](#)
- Veterans [\[add link\]](#)
- Homelessness [\[add link\]](#)

Definitions

The World Health Organisation (WHO) defines *health* as:

'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' [\[add reference\]](#).

They describes *disability* as:

'an umbrella term covering impairments, activity limitations, and participation restrictions. An impairment is a problem in bodily function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. This means that disability is not just a health problem. It is about the interaction between features of a person's body and features of the society in which he or she lives. Overcoming the difficulties faced by people with disabilities requires interventions to remove environmental and social barriers [\[add reference\]](#).

The definition of disability in the Equality Act 2010 helps shape the definition further. This refers to disability as a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on ability to do normal daily activities.

Policy and legislation

Historically, there has been much reliance on a medical model of disability, in which the difficulty disabled people have in joining in society is seen as the direct result of having an impairment.

All the organisations contributing to this population assessment now adopt the **social model of disability**. The lived experiences of disabled people have shown that most of the problems faced are caused by the way society is organised – not an impairment or a feature of someone’s body.

The Cultural model of deafness recognises the position of the British Sign Language community and the central role that sign language has within the Deaf community. The Deaf community is seen as a separate culture to the “hearing world”. The Deaf community – people who use BSL as their first language - experiences language and cultural barriers that cause disadvantage.

The Social Services and Well-being (Wales) Act 2014 reinforces the need to think about the broader aspects of well-being in a person’s day to day life and the ability of a person to participate fully in society. The meaning of well-being for the purposes of the act is set out in section 2 and encompasses a broad definition of well-being, which includes physical and mental health and emotional well-being; protection from abuse and neglect; education, training and recreation; domestic, family and personal relationships; contribution made to society; securing rights and entitlements; social and economic well-being and suitability of living accommodation. Well-being is also defined as including control over day to day life and participation in work.

Safeguarding

Protection from abuse and neglect is noted as one of the key aspects of well-being described above. People with longer term health needs, a physical disability or sensory impairment *may* fall within the definition of an *adult at risk*. People who have communication difficulties as a result of hearing, visual or speech difficulties may be particularly at risk, and may not be able to disclose verbally (Adult Protection Fora, 2013). We should not assume that all adults with a physical disability or sensory impairment are vulnerable, however, but should be aware of potential increased risk factors.

Disability hate crime

In April 2005 the law changed to recognise the seriousness of hate crime. This refers to any offence motivated by hostility or prejudice based on the victim’s disability (or presumed disability). This can range from verbal abuse and bullying through to physical assault.

Disability hate crime is believed to be very under-reported - many people don’t know who to talk to or how to report incidents. We want to empower disabled

people to tackle disability hate crime. Our organisations need to work together to help create a culture in which hate crime, and other incidents which might not be criminal, are not tolerated and are reported when they do occur.

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4.2 What we know about the population

General health status

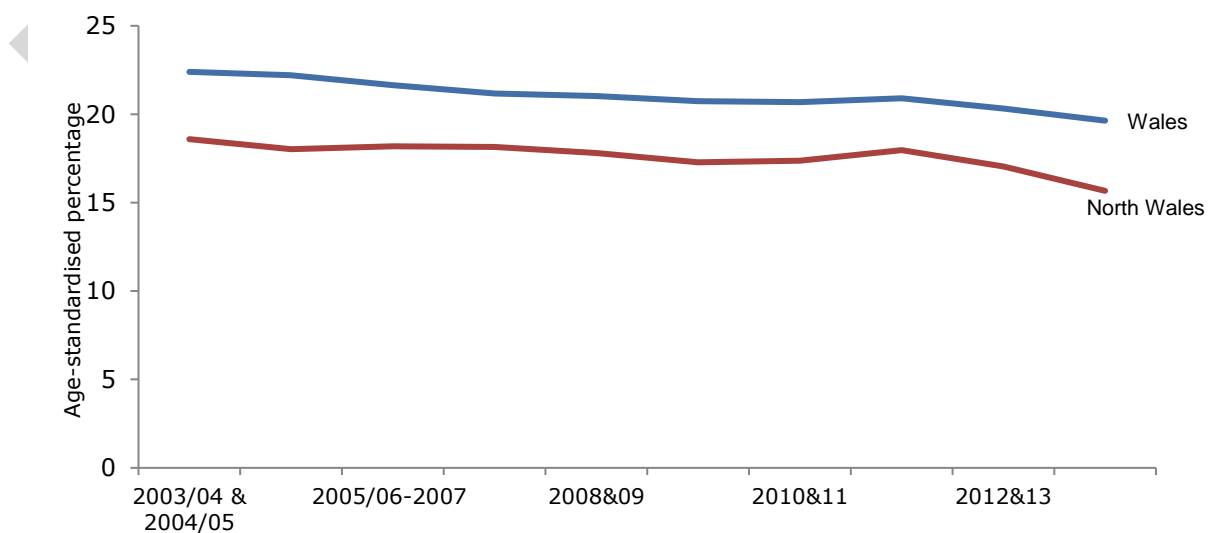
Overall, the North Wales population compares well to Wales in terms of general health status and being limited by a health condition or impairment (Jones, Andrew and Atenstaedt, 2016). A lower proportion of adults in North Wales report currently being treated for any illness and a lower proportion report their general health status as fair or poor, compared to the Wales average.

Table 4.1 Percentage of adults (age 16 and over) limited by a health problem/disability in North Wales 2013 and 2014

| | Currently being treated for any illness | Limited a lot | Limited at all | General health status: fair or poor |
|--------------|-----------------------------------------|---------------|----------------|-------------------------------------|
| Anglesey | 47 | 13 | 30 | 15 |
| Gwynedd | 47 | 13 | 30 | 15 |
| Conwy | 46 | 13 | 32 | 16 |
| Denbighshire | 49 | 14 | 32 | 17 |
| Flintshire | 47 | 12 | 31 | 14 |
| Wrexham | 52 | 14 | 31 | 17 |
| North Wales | 48 | 13 | 31 | 16 |
| Wales | 50 | 16 | 33 | 20 |

Source: Welsh Health Survey, Welsh Government

Figure 4.1 Percentage of adults (age 16 and over) who report their health status as fair-poor, 2003 to 2014



Source: Welsh Government, Welsh Health survey

Figure 4.2 Percentage of adults who reported their health status as fair or poor, North Wales, 2003/04 and 2004/05 to 2013 and 2014

| | 2003/04 and 2004/05 | 2004/05 and 2005/06 | 2005/06 and 2007 | 2007 and 2008 | 2008 and 2009 | 2009 and 2010 | 2010 and 2011 | 2011 and 2012 | 2012 and 2013 | 2013 and 2014 |
|--------------|---------------------------|---------------------------|------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| Anglesey | 17 | 16 | 17 | 18 | 19 | 18 | 16 | 15 | 16 | 15 |
| Gwynedd | 17 | 18 | 17 | 16 | 18 | 18 | 16 | 17 | 16 | 15 |
| Conwy | 18 | 16 | 16 | 18 | 16 | 15 | 17 | 20 | 19 | 16 |
| Denbighshire | 18 | 18 | 20 | 19 | 19 | 19 | 18 | 17 | 17 | 17 |
| Flintshire | 18 | 19 | 19 | 17 | 17 | 16 | 19 | 20 | 16 | 14 |
| Wrexham | 22 | 20 | 21 | 20 | 19 | 19 | 18 | 18 | 18 | 17 |
| North Wales | 19 | 18 | 18 | 18 | 18 | 17 | 17 | 18 | 17 | 16 |
| Wales | 22 | 22 | 22 | 21 | 21 | 21 | 21 | 21 | 20 | 20 |

Source: Welsh Government, Welsh Health survey

Health asset data from the 2011 Census provides an indication of the level of good health across North Wales.

Table 4.2 shows around 80% of people in North Wales report that they are in good health and that their day-to-day activities are not limited (Jones, Andrew and Atenstaedt, 2016). Gwynedd has the highest proportion of people reporting good health and not being limited by poor health.

Table 4.2 Health asset indicators, age-standardised percentage 2011

| | Day-to-day activities not limited (age- standardised %) | | Good health (age- standardised %) | |
|--------------|---------------------------------------------------------------|---------------|--------------------------------------|---------------|
| | % | (95% CI) | % | (95% CI) |
| Anglesey | 78.9 | (78.2 - 79.6) | 80.2 | (79.6 - 80.9) |
| Gwynedd | 80.2 | (79.7 - 80.7) | 81.5 | (81.0 - 82.0) |
| Conwy | 79.1 | (78.6 - 79.7) | 80.2 | (79.6 - 80.7) |
| Denbighshire | 77.9 | (77.3 - 78.5) | 78.9 | (78.4 - 79.5) |
| Flintshire | 79.8 | (79.3 - 80.2) | 80.4 | (79.9 - 80.8) |
| Wrexham | 78.1 | (77.6 - 78.6) | 78.6 | (78.1 - 79.0) |
| North Wales | 79.1 | (78.9 - 79.3) | 80.0 | (79.8 - 80.2) |
| Wales | 76.9 | (76.8 - 77.0) | 77.2 | (77.1 - 77.3) |

Source: Census 2011 (ONS), Produced by Public Health Wales Observatory

However, the overall rates mask differences in health across the region. Some areas of our population experience greater levels of deprivation and poorer health; and some groups in the population tend to experience poorer health or experience more barriers in accessing health care and support.

Lifestyle

Tobacco

Smoking is a major cause of premature death and one in two long term smokers will die of smoking related diseases. Of particular concern in North Wales is smoking in pregnancy, smoking rates among young people (especially teenage girls) and very high rates of smoking in people diagnosed with mental illness (Betsi Cadwaladr University Health Board, 2015).

In North Wales, 22% of adults aged 16 years and over report being a smoker, compared to 20% across Wales. The Isle of Anglesey and Denbighshire have the highest smoking prevalence, 24%, followed by Conwy and Wrexham, 22% and Gwynedd, 21%; Flintshire has the lowest smoking prevalence, 20%. Rates of smoking vary considerably by area with more deprived areas of North Wales have higher levels of smoking (Welsh Government, 2016).

Smoking prevalence is particularly high among some groups, including lesbian, gay, bisexual and transgendered people; those with mental health problems; people in prison; and those who are homeless (Public Health Wales, 2016a).

Overweight and obesity

Obesity is a major contributory factor for premature death and can lead to both chronic and severe medical conditions including coronary heart disease, diabetes, stroke, hypertension, osteoarthritis, complications in pregnancy and some cancers. People who are obese may also experience mental health problems, bullying, or discrimination in the workplace (Public Health Wales, 2016a).

Overweight and obesity is related to social disadvantage, with higher levels in the most deprived populations.

In North Wales, over half the adult population are overweight or obese. Between 2003/04 and 2014/15, the percentage of adults aged 16 and over who reported being overweight or obese increased in North Wales from 53% to 58%, which is just below the average for Wales, 59%. Across the region, Denbighshire has the highest proportion of adults who are overweight or obese, 61%, followed by Flintshire, 60%. In the Isle of Anglesey and Wrexham, 58% of adults are overweight or obese and 57% in Conwy. Gwynedd has the lowest percentage of overweight or obese adults, 53% (Welsh Government, 2016).

Physical activity

People who have a physically active lifestyle can significantly improve their physical and mental well-being, help prevent and manage many conditions such as coronary heart disease, some cancers, and diabetes and reduce their risk of premature death (Public Health Wales, 2016).

In North Wales, 34% of adults report being physically active on five or more days in the past week, which is slightly higher than the Wales average, 31%. Across the region, 38% of adults on the Isle of Anglesey and 37% in Gwynedd report being physically active compared to 35% in Denbighshire and 33% in Conwy, Flintshire and Wrexham (Welsh Government, 2016).

Alcohol

Alcohol is a major contributory factor for premature death and a direct cause of 5% of all deaths in Wales (Betsi Cadwaladr University Health Board, 2015.). Alcohol consumption is associated with many chronic health problems including: mental ill health; liver, neurological, gastrointestinal and cardiovascular conditions; and several types of cancer. It is also linked with injuries and poisoning and social problems including crime and domestic violence (Public Health Wales, 2016a).

Alcohol also affects the poorest the most, with alcohol-related mortality in the most deprived areas much higher than in the least deprived.

Although alcohol consumption is gradually declining, more than 40% of adults in North Wales self-report drinking above guidelines on at least one day in the past week. Flintshire has the highest proportion of adults aged 16 and over reporting drinking above guidelines on at least one day in the last week, 42%, followed by Denbighshire, 41%, which are just above the averages for North Wales, and Wales, (40%). In Gwynedd, 40% of adults report drinking above recommended guidelines and the Isle of Anglesey, Conwy and Wrexham have the lowest proportions across the region, 38% (Welsh Government, 2016).

Chronic conditions

Chronic conditions are generally those which cannot be cured, only managed; they can have a significant impact for individuals, families and health and social care services (Jones, Andrew and Atenstaedt, 2016).

It is estimated that around a third of adults in Wales are currently living with at least one chronic condition. Evidence from GP practice registers in North Wales confirms a figure slightly higher than this.

Table 4.3 shows the number and percentage of GP practice patients registered as having a chronic condition (Jones, Andrew and Atenstaedt, 2016). The Isle of Anglesey has the highest percentage of patients registered as having a chronic condition (39%) and Gwynedd has the lowest (33%). Hypertension is the condition with the highest number of patients on the register.

Table 4.3 Number and percentage of GP practice patients registered as having a chronic condition, 2012

| | Anglesey | | Gwynedd | | Conwy | | Denbighshire | | Flintshire | | Wrexham | |
|------------------|----------|----|---------|----|--------|----|--------------|----|------------|----|---------|----|
| | Number | % | Number | % | Number | % | Number | % | Number | % | Number | % |
| Hypertension (a) | 10,910 | 16 | 18,560 | 15 | 19,320 | 17 | 16,330 | 16 | 22,970 | 15 | 23,050 | 16 |
| Asthma | 4,950 | 7 | 8,220 | 7 | 7,390 | 6 | 6,410 | 6 | 9,920 | 7 | 9,970 | 7 |
| Diabetes | 3,490 | 5 | 5,470 | 4 | 5,460 | 5 | 4,910 | 5 | 5,890 | 4 | 5,790 | 4 |
| CHD (b) | 3,050 | 5 | 4,660 | 4 | 2,670 | 2 | 3,150 | 3 | 3,120 | 2 | 3,400 | 2 |
| COPD (c) | 1,780 | 3 | 2,660 | 2 | 5,980 | 5 | 5,460 | 5 | 7,390 | 5 | 6,900 | 5 |
| Epilepsy | 450 | 1 | 870 | 1 | 890 | 1 | 800 | 1 | 900 | 1 | 1,080 | 1 |
| Health failure | 800 | 1 | 1,220 | 1 | 1,220 | 1 | 1,040 | 1 | 1,210 | 1 | 1,290 | 1 |
| Total | 25,460 | 39 | 41,660 | 33 | 42,900 | 37 | 38,100 | 38 | 51,400 | 35 | 51,480 | 36 |

Notes:

(a) High blood pressure

(b) Coronary heart disease

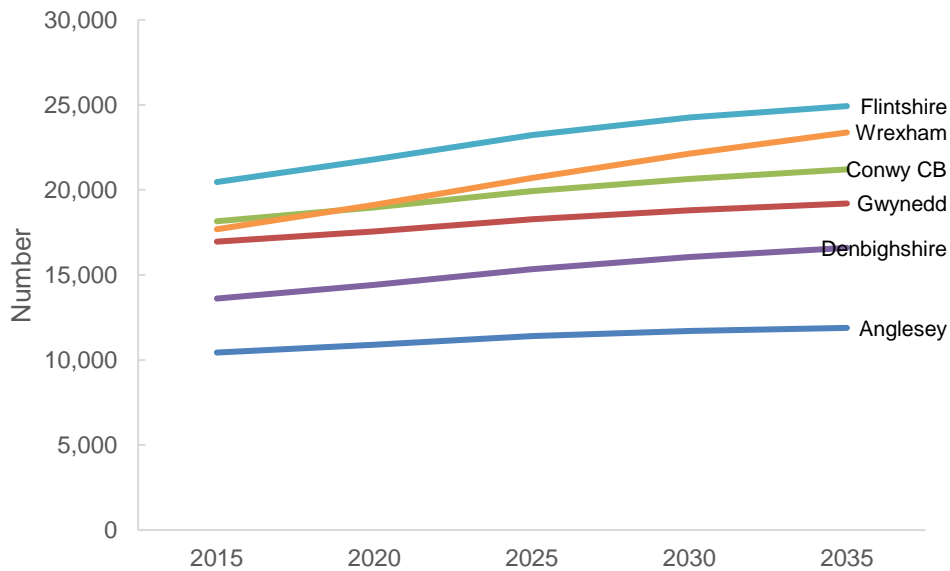
(c) Chronic obstructive pulmonary disease: a group of lung conditions that make it difficult to empty air out of the lungs because airways have been narrowed

Source: Public Health Wales Observatory

While these are common conditions, there are many other long-term conditions which can have a significant impact on a person's ability to participate fully in society and on their general well-being. These include neurological conditions, cancer and the impact of disease such as stroke. More detailed data on specific conditions can be obtained from local councils or the health board. However, for the purposes of this chapter, we have focused on a summary of the general issues that affect well-being. It is what matters to the individual that should be taken into consideration.

The number of people living with a limiting long-term illness is predicted to increase by nearly 22% over the 20 year period to 2035, shown in Figure 4.3. Much of the increase will arise from people living to older age.

Figure 4.3 Predicted number of people aged 18 and over with a limiting long-term illness, 2014 to 2035

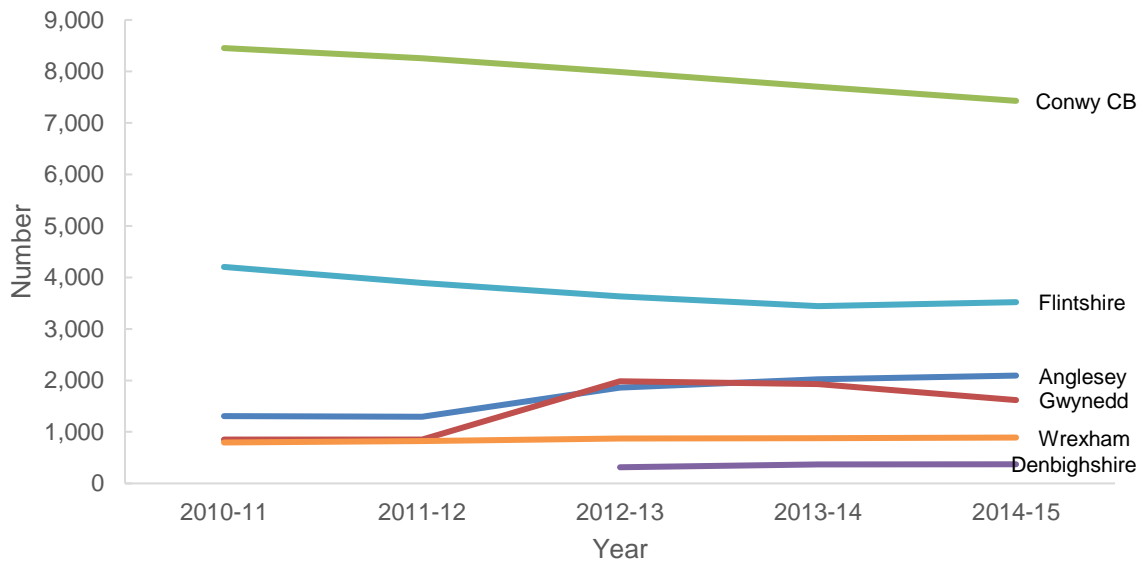


Source: Daffodil (Prevalence rate from taken from the Welsh Health Survey 2012, table 3.11 Adults who reported having illnesses, or limited by a health problem/disability; pop base from WG 2011-based population projections)

Physical disability

Some information concerning physical or sensory impairment (but without visual impairment) is held on local council registers as shown in Figure 4.4. The wide variation in numbers suggests the data is incomplete.

Figure 4.4 Physically/sensory disabled people without visual impairment



Source: Local authority register of persons with physical or sensory disabilities (SSDA900) data collection, Welsh Government

Sight loss, blindness and partial sight loss

Visual impairment is when a person has sight loss that cannot be corrected using glasses or contact lenses (Jones and Atenstaedt, 2015). The National

Eye Health Epidemiological Model (NEHEM) estimates using 2011 census population data are shown in Table 4.4. This shows that the estimated prevalence of all vision impairment and low vision in the population aged 50 years and over was slightly higher in North Wales than the all-Wales estimates; the estimated prevalence of severe sight impairment was the same in North Wales as in Wales.

Table 4.4 Prevalence of vision impairment

Estimated prevalence of vision impairment*, Wales, health boards and local authorities, based on 2011 population estimates, persons aged 50 and over

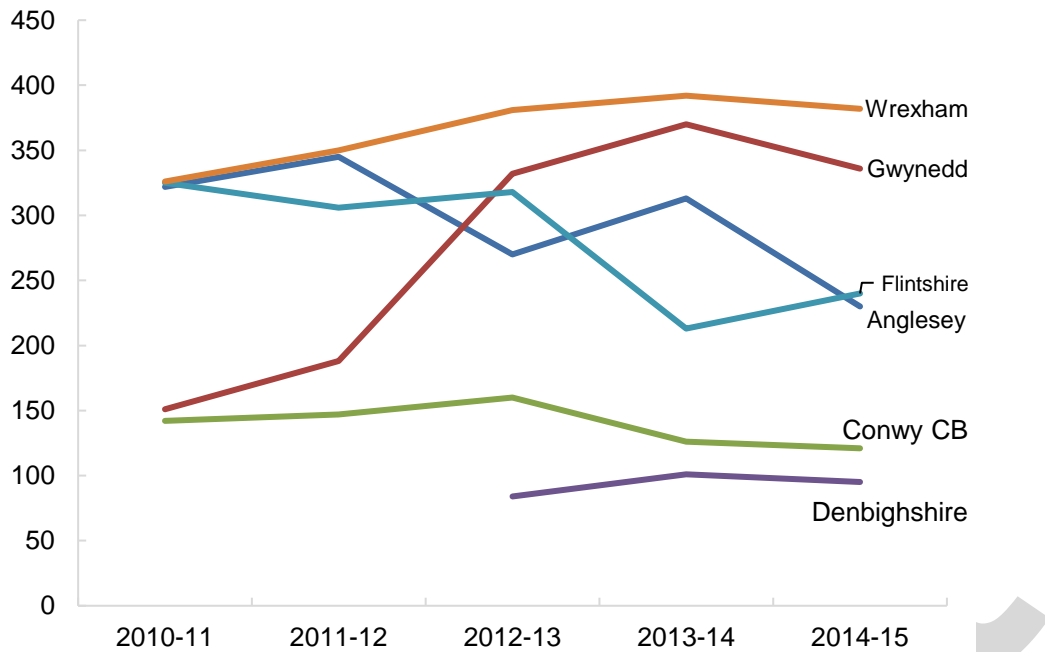
| Area name | Impaired vision | | Low vision | | Sever sight impairment | |
|-------------------------------|-----------------|------------|---------------|------------|------------------------|------------|
| | Count | % | Count | % | Count | % |
| Isle of Anglesey | 1,320 | 4.3 | 1,120 | 3.7 | 200 | 0.6 |
| Gwynedd | 2,190 | 4.5 | 1,860 | 3.8 | 330 | 0.7 |
| Conwy | 2,540 | 4.8 | 2,150 | 4.1 | 390 | 0.7 |
| Denbighshire | 1,660 | 4.3 | 1,420 | 3.6 | 250 | 0.6 |
| Flintshire | 2,180 | 3.8 | 1,870 | 3.2 | 320 | 0.6 |
| Wrexham | 1,930 | 4.0 | 1,650 | 3.4 | 290 | 0.6 |
| Powys | 2,560 | 4.3 | 2,180 | 3.6 | 380 | 0.6 |
| Ceredigion | 1,330 | 4.3 | 1,130 | 3.6 | 200 | 0.6 |
| Pembrokeshire | 2,240 | 4.2 | 1,910 | 3.6 | 330 | 0.6 |
| Carmarthenshire | 3,260 | 4.3 | 2,770 | 3.6 | 490 | 0.6 |
| Swansea | 3,720 | 4.3 | 3,160 | 3.6 | 560 | 0.6 |
| Neath Port Talbot | 2,260 | 4.1 | 1,920 | 3.5 | 340 | 0.6 |
| Bridgend | 2,060 | 4.0 | 1,760 | 3.4 | 300 | 0.6 |
| The Vale of Glamorgan | 2,000 | 4.1 | 1,700 | 3.5 | 300 | 0.6 |
| Cardiff | 4,160 | 4.2 | 3,540 | 3.5 | 630 | 0.6 |
| Rhondda Cynon Taf | 3,350 | 3.9 | 2,860 | 3.4 | 490 | 0.6 |
| Merthyr Tydfil | 820 | 3.9 | 700 | 3.3 | 120 | 0.6 |
| Caerphilly | 2,410 | 3.7 | 2,060 | 3.2 | 350 | 0.5 |
| Blaenau Gwent | 1,010 | 3.9 | 870 | 3.4 | 150 | 0.6 |
| Torfaen | 1,410 | 4.1 | 1,200 | 3.5 | 210 | 0.6 |
| Monmouthshire | 1,640 | 4.2 | 1,400 | 3.6 | 250 | 0.6 |
| Newport | 2,040 | 4.1 | 1,740 | 3.5 | 310 | 0.6 |
| Betsi Cadwaladr | 11,830 | 4.3 | 10,070 | 3.6 | 1,780 | 0.6 |
| Powys | 2,560 | 4.3 | 2,180 | 3.6 | 380 | 0.6 |
| Hywel Dda | 6,830 | 4.3 | 5,810 | 3.6 | 1,020 | 0.6 |
| Abertawe Bro Morgannwg | 8,040 | 4.1 | 6,840 | 3.5 | 1,200 | 0.6 |
| Cardiff and Vale | 6,170 | 4.1 | 5,240 | 3.5 | 930 | 0.6 |
| Cwm Taf | 4,170 | 3.9 | 3,560 | 3.4 | 610 | 0.6 |
| Aneurin Bevan | 8,520 | 4.0 | 7,260 | 3.4 | 1,260 | 0.6 |
| Wales | 48,110 | 4.1 | 40,960 | 3.5 | 7,190 | 0.6 |

Produced by Public Health Wales Observatory, using NEHEM

*Counts have been rounded to the nearest 10 persons

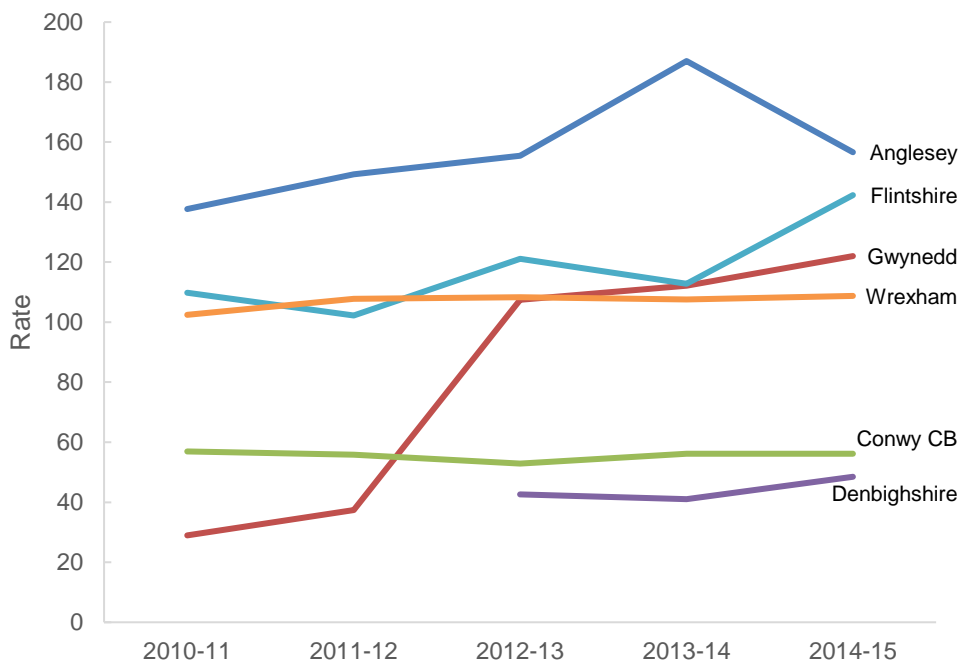
The numbers of people with sight impairment or severe sight impairment can be estimated from the registers held by social services (trend charts are shown in Figure 4.5 and Figure 4.6 respectively). Both charts show the rate per 100,000 population. However, these figures are likely to be underestimates as they rely on self-referral.

Figure 4.5 Number of people with sight impairment



Source: Local authority register of persons with physical or sensory disabilities (SSDA900) data collection, Welsh Government

Figure 4.6 Severely sight impaired people aged 18 to 64, rate per 100,000 population



Source: Local authority register of persons with physical or sensory disabilities (SSDA900) data collection, Welsh Government

The number of people who are newly certified as severely sight impaired and sight impaired is also a useful source of information. This helps us understand the incidence of sight loss.

The total numbers of newly certified visually impairments (CVI) and rates per 100,000 population is shown in Table 4.5 below. There were 267 CVIs issued in

total in 2014/15. This represents a decrease on the previous year (324 issued in 2013/14.)

The percentage of people living with sight loss compared to the overall population is however projected to increase from approximately 3.73% in 2016 to 4.92% by 2030 (Welsh Government, 2016).

Table 4.5 Number of people newly certified Severely Sight Impaired and Sight Impaired by age group, 2014-15

| | Total number of Certificates of Vision Impairment (CVI) | Rate of CVIs due to age related macular degeneration in those aged 65+ per 100,000 population | Rate of CVIs due to glaucoma in those aged 40+ per 100,000 population | Rate of CVIs due to diabetic eye disease in those aged 12+ per 100,000 population |
|--------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Anglesey | 27 | 98 | 12 | 2 |
| Gwynedd | 47 | 98 | 12 | 2 |
| Conwy | 45 | 98 | 12 | 2 |
| Denbighshire | 36 | 98 | 12 | 2 |
| Flintshire | 59 | 98 | 12 | 2 |
| Wrexham | 53 | 98 | 12 | 2 |

Source: RNIB Sight Loss Data Tool

- 149 CVIs due to age related macular degeneration were issued to those aged 65+.
- 45 CVIs due to glaucoma were issued to those aged 40+.
- 15 CVIs due to diabetic eye disease were issues to those aged 12+.

Deafblindness

The term deafblind covers a wide range of different conditions and situations. We use this term for the purposes of this assessment to mean people who have ‘sight and hearing impairments which, in combination, have a significant effect on their day to day lives’.

Deafblindness is also known as dual sensory loss or Multi-Sensory Impairment. People who are deafblind include those who are congenitally deafblind and those who have acquired sensory loss. The most common cause however is older age.

Deafblindness can cause problems with communication, access to information and mobility. Early intervention and support provides the best opportunity of improving a person’s well-being (Sense, 2016).

Estimates of the number of people with co-occurring vision and hearing impairments suggest that by 2030, in the region of 1% of the population of North Wales will be deafblind. The proportion of deafblind people increases significantly with age.

Health inequalities

Recent research has reinforced earlier evidence of the link between socio-economic deprivation and health inequalities. We know, for example, that there are significant differences in life expectancy and in the prevalence of limiting long-term illness, disability and poor health between different socio-economic groups (Public Health Wales, 2016b).

People living in the most deprived communities experience more years of poor health and are more likely to have unhealthy lifestyles and behaviours than people in the least deprived communities. As a result, the most deprived communities experience higher levels of disability, illness, loss of years of life, productivity losses and higher welfare dependency (Public Health Wales, 2016).

Black and minority ethnic groups are often more at risk of conditions such as glaucoma and may not access health messages due to language or cultural barriers.

Mental and emotional well-being

Older people with sight loss are almost three times more likely to experience depression than people with good vision and the British Medical Journal reports that sight loss is one of the top three causes of suicide among older people (Waern *et al.*, 2002).

Nearly half of blind and partially sighted people feel “moderately” or “completely” cut off from people and things around them (Pey *et al.*, 2006).

Depression in adults with a chronic physical health problem is well recognised and there is a significant amount of evidence on effective care and support. As well as management and treatment, the evidence supports the positive impact of information provision, group physical activities and support programmes (NICE, 2012).

Accessible Healthcare

In May 2013 the Minister for Health and Social Services wrote to all health boards introducing the All Wales Standards for Accessible Communication and Information for People with Sensory Loss. The purpose of the standards is to ensure that the communication and information needs of people with a sensory loss are met when accessing healthcare services. Effective and appropriate communication is fundamental to ensuring services are delivered in ways that promote dignity and respect. The evidence also demonstrates that ineffective communication is a patient safety issue and can result in poorer health outcomes. The standards have informed the objectives of the health board’s objectives within the Equality and Human Rights Strategic Plan (BCUHB, 2016).

Housing needs and homelessness

People living in the most deprived areas have higher levels of hearing and visual impairment, and also long-term health problems, particularly chronic respiratory conditions, cardiovascular disease and arthritis (Public Health Wales, 2016a). People in these areas also may be living in poor conditions.

Housing has an important effect on health, education, work, and the communities in which we live. Poor quality housing, including issues such as mould, poor warmth and energy efficiency, infestations, second-hand smoke, overcrowding, noise, lack of green space and toxins, is linked to physical and mental ill health as well as costs to the individual, society and the NHS in terms of associated higher crime, unemployment and treatment costs (Public Health Wales, 2015). Health problems associated with these issues include respiratory problems, depression, anxiety, neurological, cognitive, developmental, cardiovascular and behavioural conditions, cancers, poisoning and death (Public Health Wales 2016a).

Dealing with hazards such as unsafe stairs and steps, electrical hazards, damp and mould growth, excessive cold and overcrowding, cost around £67 million per year to the NHS in Wales (Public Health Wales, 2015). The wider cost to society, such as poor educational attainment and reduced life chances were estimated at £168 million a year. It was estimated that the total costs to society could be recuperated in nine years if investment was made to address these problems (Public Health Wales, 2016).

Adaptations to housing can help maintain or regain independence for people with physical disability or sensory impairment. There are a range of initiatives which can assist with housing adaptations, some provided through local councils and some through third sector support agencies.

Extra care housing schemes can give a balance between living in a person's own home and having on-site dedicated care and support if needed. Residential and nursing care provides accommodation with trained staff on hand day and night to look after a person's needs.

Inclusive design and planning requirements

Inclusive design aims to remove the barriers that create undue effort and separation. It enables everyone to participate equally, confidently and independently in everyday activities. Inclusive design is everyone's responsibility. This is an important consideration in the development or redesign of facilities and services.

Meeting access needs should be an integral part of what we do every day. We should use our creativity and lateral thinking to find innovative and individual solutions, designing for real people. By designing and managing our

environment inclusively, difficulties experienced by many – including people with a disability or sensory impairment, but also older people and families with small children – can be reduced. Everyone will benefit.

The Design Council sets out five key principles for inclusive design which should be borne in mind which can help achieve an environment that is fit for everyone (Design Council, 2006). They include placing people at the heart of the design process; acknowledging diversity and difference; offering choice; provide for flexibility in use; provide buildings and environments that are convenient and enjoyable to use for everyone. The commitment to overcoming barriers to participation should include using these principles in designing and developing services and in commissioning them from others.

Draft

4.3 What are people telling us?

Feedback from service user engagement

Feedback from services users related to two main themes – challenges and unmet needs or gaps in provision.

Challenges

- There is a lack of awareness about safety and access issues for people in local towns and communities (for example, when people park on pavements, it can be dangerous.)
- There still seems to be a lack of understanding and prejudice towards people with disabilities
- Worries that services will be lost because of cuts; when you have a disability like being Deaf, it is a lifelong disability and needs lifelong support. If a service stops, where will people get support?

Unmet needs or gaps in provision

- Transport is difficult for people with disabilities particularly if you use public transport. Very often people who work on public transport don't understand your disability and as a result can be unhelpful and not know how to offer support.
'For example, I think all people who work in public transport should have disability awareness training and have basic sign language'
- There is not enough awareness across council departments in transport, highways, leisure and environment services. It was felt that very often they develop things without thinking about people with disabilities and as a result it means buildings are often inaccessible, pavements do not have drop kerbs, people who are Deaf or blind aren't given provision to communicate or use the service.
- People need to be involved more and listened to.
'I have an idea of how to support the council in recognising dangerous potholes for disabled people and if I had the opportunity to speak with someone from the right department I could help, but I don't think people's skills are used enough to help solve local authority issues.'
- Criteria are getting tighter and it is more difficult to get a service.
- If you do not meet the criteria for services it is difficult to afford to buy for yourself; things are expensive such as equipment and specialist services.
- There are no Deaf specialist care homes or sometimes even care homes that have staff that are trained in sign language, so any people there that are Deaf cannot communicate properly.
- Waiting times to get support or to get things done can be too long.

Additional issues raised included the following:

- It is important communities and people are linked more with services so that they can be asked about what they think.
- People with disabilities don't always feel safe in communities and that is often because other people don't understand the challenges they face. Awareness about the simple issues needs to be raised so that individuals can consider people with disabilities in what they do.

Feedback from the general public including the citizen's panel

Concerns about maintaining your way of life

- The most common concern was maintaining independence, social and leisure activities.
- Accessing services, particularly in rural areas – one respondent commented: 'I've often wondered how I will cope once I am no longer able to drive'.
- Concerns about money and finances, often linked to being able to continue with employment and education – particularly among people who had moved to the UK to work or who had physically demanding jobs.
- A number of people were concerned about how they would access support in an emergency, if living on their own.

What would be important to you?

- Maintaining independence was important to many respondents, including cooking, housework and getting out and about.
- Maintaining social and community involvement was also important, with social groups and clubs and with family.
- Care and support to avoid long stays in hospital.

What do you think could support you?

- About half of respondents said they had no one to support them – for some, this was because their partner or other family member had care and support needs of their own.
- Others said their partner or family would support them – although most people referred to limits on the amount of help they could expect or wanted to ask for.
- Many people referred to support from social care or health care staff.
- A smaller number of people mentioned friends but with similar concerns about how much support they would ask for.
- Local community or volunteers were mentioned by a few.

What support needs do you think may be harder to meet?

- The most frequently mentioned needs related to independence or help with daily living.
- Many also mentioned the difficulty of preventing social isolation and loneliness and for some this was linked with mental and emotional health and well-being.

Feedback from organisations

The reality of loneliness, isolation and feelings of worthlessness and vulnerability, particularly for recently diagnosed individuals, are often exacerbated by loss of employment, economic independence, mobility and self-esteem, and sometimes over time by the breakdown in relationships and the collapse of the family unit.

Supporting people to live with illness and disability in their own homes is really important. Some of the commissioned service providers find it a challenge due to the lack of time allocated for the service delivery in the home. There is also the challenge with how to support people at the time they want and the frequency they want and most often the problem is a lack of funding.

The provision of short term care following surgical procedures was raised as a concern. Problems with access to help, advice and support or care in time of crisis including access to equipment were reported. Supporting people to manage medication administration after surgery or to treat a chronic condition is very important. There is a need for basic logistical issues to be overcome, for example, people can no longer drive or manage their lives through their disability. Transport can be an issue, especially if there are special needs, such as wheelchairs.

Some organisations find the processes in health and social care too complex, which create barriers even where solutions are simple.

Concerns were raised that there does not seem to be an adequate volume of service opportunities to meet the current need in some areas of treatment, which means we may fail to see people in a timely manner. Access to timely interventions and support is what often works best. Delays in accessing care may have a negative physical and emotional effect on patient's lives.

It was reported that historically there has been very little direct NHS support available for people with a long term neurological condition, and what little support there is, is in fact shrinking. A lack of appropriate signposting by health professionals to ongoing support has meant that people have had to find their own way to deal with their condition. For many this is a challenge.

There were concerns that mainstream healthcare funding does not represent the true cost of health services. Meaningful engagement with the health board was perceived to be lacking.

Fair Treatment for the Women of Wales identified a number of issues that their members had identified and that they were able to provide some support with, including:

- Not being taken seriously by clinicians and physical pain not being adequately treated or difficult to access specialist support, for example, women face a diagnostic delay of (on average) 8 years for endometriosis. Symptoms may also not be taken seriously at school or work.
- Lack of support for with fertility issues, accessing mental health services in North Wales is difficult, with waiting times being excessive. Finding alternative sources of support can be challenging, with many women not knowing where to turn.
- Lack of up-to-date information and support from health services – need better signposting from GPs and hospitals, for example, to help with challenges from early menopause
- Challenges maintaining lifestyle and feeling included - relationships with family and friends, social isolation, lack of money, practical support.

4.4 Review of services currently provided

A wide range of care and support services is in place across North Wales to support people with long-term health needs, physical disability or sensory impairment. In all areas, current and future service models focus on early intervention, prevention and reablement; supporting people to remain independent and ensuring people are protected.

Priorities include:

- Enabling people to make best use of informal networks of support
- Further developing the use of telecare and other technology
- Supporting people to experience a greater level of privacy and independence
- Actively enabling people to have a greater community presence (the potential development of community based initiatives such as time banks and social enterprises)
- Taking active steps to encourage progression and promote independence
- Supporting people to take greater control over their support
- Focusing on outcomes and well-being

Prevention and self-management

People should be encouraged and enabled to look after their own health and well-being. We cannot assume that everyone has the personal resources or assets to be confident and knowledgeable in doing so.

The Self Care Forum Manifesto (2015) describes “four pillars of engagement” that can help people have the tools and resources they need to be confident in looking after themselves:

- Lifelong learning: provide education and personal resources at every stage of life to encourage self-care and empowerment
- Empowerment: promote the use of health and care services as a way of supporting personal and home care decisions, blurring the lines between patient and professional
- Information: provide reliable, consistent information, evidence based where possible, to support confident decision-making
- Local and national campaigns: use national and local campaigns to focus on a rolling programme of education with consistent messages

Giving people the information and tools to make positive lifestyle choices and self-care is an essential step to help maintain good health and prevent illness.

This also reinforces the protective factors for well-being, which include feeling in control.

Protecting people from tobacco, warning people about the dangers of tobacco, enforcing bans on tobacco advertising and raising taxes on tobacco are all very cost effective interventions for reducing the prevalence of smoking (Public Health Wales, 2016).

Evidence shows that reducing salt intake promoting public awareness about diet restricting marketing of food and beverages to children and managing food taxes and subsidies are very cost effective in promoting healthy diet and preventing obesity (Public Health Wales, 2016).

'Best buys' to increase physical activity include mass media campaigns supporting active travel brief intervention for physical activity in primary care and promoting physical activity in workplace, schools and communities (Public Health Wales, 2016).

Evidence shows that brief advice on alcohol in primary care is cost effective; every £1 spent on motivational interviewing and supportive networks for alcohol dependence returns £5 to the public sector. Also, introducing a minimum unit price of 50 pence per unit of alcohol would save 53 deaths and 1,400 hospital admissions per year in Wales, with the greatest impact in the most deprived communities and heaviest drinkers (Public Health Wales, 2016).

Tackling the causes of social and economic inequalities that drive health inequalities is likely to be most effective. This may include interventions to ensure a living wage, reduce unemployment, improve the physical environment and provide universal services (accessible to all) while also investing additionally to support vulnerable groups.

Preventing ill health across the population is generally more effective at reducing health inequalities than a focus on clinical interventions (Public Health Wales, 2016a)

Investing in insulation and heating to address cold and damp housing could return savings of nearly £35 million for the NHS in Wales.

Treating public finances as a public health issue could mitigate austerity measures, such as monitoring the impact of all economic and welfare reforms on the public services and public health (Public Health Wales, 2016a). This could be done through using Health Impact Assessment.

Making Every Contact Count

Making Every Contact Count (MECC) is an approach to behaviour change that uses day-to-day interactions that organisations and staff have with people to support them in making positive changes to their health and wellbeing. MECC

enables the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in meaningful brief intervention conversations about their health and wellbeing.

Lifestyle factors such as smoking, alcohol, diet and physical activity are some of the biggest contributors to poor health and a major cause of many preventable deaths and illnesses such as heart disease, stroke, type 2 diabetes and some cancers. Evidence suggests that the adoption of a MECC approach across health and care could potentially have a significant impact on the health of our population.

For organisations MECC means providing their staff with the leadership, environment, training and information they need to deliver the MECC approach.

For staff MECC means having the competence and confidence to deliver healthy lifestyle messages, to encourage people to change their behaviour, and to direct them to local services that can support them.

For individuals MECC means seeking support and taking action to improve their own lifestyle by making healthy lifestyle choices and looking after their health and wellbeing.

Information, Advice and Assistance

The Social Services and Well-being (Wales) Act 2014 brings new duties for local councils and the health board to work together to ensure the provision of Information, Advice and Assistance.

In North Wales the six councils and the health board have been working together to develop a Single Point of Access in each county to provide a contact point for people and service providers.

The partner organisations have also contributed to the development of the Dewis Cymru website (www.dewis.wales) Dewis Cymru is the website to use for people who want information or advice about well-being – or want to know how to help somebody else.

The information covers well-being in general, not just health, but including things like where people live, how safe and secure they feel, getting out and about, and keeping in touch with family and friends. No two people are the same and well-being means different things to different people. Dewis Cymru is intended to help people find out more about what matters to them.

Social prescribing

Social prescribing is a means of enabling primary care services to refer patients with social, emotional or practical needs to a range of local non-clinical services, often provided by the voluntary and community sector.

A review of evidence found that suitable referrals to social prescribing initiatives are vulnerable and at risk groups such as: people with mild to moderate depression and anxiety; low income single parents; recently bereaved older people; people with long term conditions and frequent attendees in primary and secondary care (Kinsella, 2015). Social prescribing has been described as having the potential to improve mental health, reduce demand on statutory services, improve community wellbeing and resilience and reduce social exclusion

Social prescribing has the potential to become fully integrated as a patient pathway for primary care practices and to strengthen the links between healthcare providers and community, voluntary and local authority services that could promote health and well-being. These include leisure, welfare, education, culture, employment and the environment. According to Kinsella (2015), the evidence on the impact of social prescribing is currently limited and inconsistent. Some initiatives have shown improved outcomes for patients and potential for cost-savings (in the longer term), but few have been subject to economic analysis or rigorous evaluation. For this reason, Kinsella (2015) recommends that any new social prescribing initiatives should aim to add to the current evidence base and conduct transparent and thorough evaluation. This includes addressing the questions of when, for whom and how well does the scheme work? What impact does it have? What does it cost? Is it cost-effective?

Domiciliary (home) care

Short term reabling domiciliary care is provided to support new service users or those people who need active reablement support. Longer term domiciliary care should be outcome focused, focusing on what matters to the person. In some rural areas there are challenges to providing domiciliary care because of the low, dispersed levels of demand. See older people chapter for more information [\[add link\]](#).

People can be supported to use Direct Payments to purchase their own support, enabling people to have more choice and control.

Day services

Day services have in the past been somewhat traditional and limited in the variety of activities available. The desired service model is the provision of services that meet the assessed needs of people and help them meet their goals. Community based personalised support, offering a broad range of affordable and accessible activities close to people's homes can be provided to meet the needs of individuals better.

Occupational Therapy Services

Occupational therapy promotes independence through assessment of need, advice on the provision of specialist equipment and adaptations. Occupational therapy can also assist to carers to continue to care safely, for example through advice or provision of equipment or adaptations.

Telecare and assistive technology

Technology provides an opportunity for an inter-connected society – and in terms of care and support, a society where planning, managing and delivering care could be fully integrated.

Telecare is a service that can help reduce the risks associated with independent living by using wireless devices linked from a person's home to a monitoring and response centre. Sensors can be used to monitor the home environment and enable assistance to be summoned in the event of an emergency.

There are opportunities for use of technology in supporting health and healthcare through telehealth and telemedicine. Telehealth enables remote monitoring of health conditions (such as blood pressure) and telemedicine can support remote consultation and diagnosis, to prevent the need to travel to an appointment.

Introduction of equipment may not of itself be sufficient. The Good Governance Institute (2016) noted that “success depends on changing how the public think about their [health and healthcare]. They continue that “for each local pathway of care, and to further support patients with a chronic illness, a wholesale redesign is required if new technology is to deliver promised benefits”.

Respite and short term breaks

Respite or short breaks can provide carers with support and breaks away from their caring role. This can help to maintain independent living for a person with long term conditions, disability or sensory impairment. Increasingly, innovative ways of providing support are being used, such as participation in local groups for daytime activities. More traditional respite services in a residential setting or sitting services can be delivered to the cared for person to provide carers with a break from the caring role. More information is given in the chapter on carers [\[add link\]](#)

Residential and nursing care

The number of people being supported by health and social services to move into care homes has been reducing over time, as support to live at home has improved and more people have the funds to make decisions to move into care homes without statutory funding. As people are better supported to live at home, people are moving into care homes at a later age, so the length of time

that people live in care homes ('length of stay') is reducing (in May 2016, this was on average 25 months) but the needs of people living in care homes are increasingly complex. See the older people chapter for more information [\[add link\]](#).

For adults with long-term needs, physical disability or sensory impairments, it is those who have more complex needs and so need more specialist support who may need residential or nursing care. There are shortages in current provision of specialist residential and nursing care in some areas of North Wales. These may result in some people being placed outside of their home area and potentially outside of North Wales for very specialist care. This may have an adverse impact on their carers, families and friends in terms of increased travelling. Joint approaches to developing the market and commissioning specific services will need to be taken forward.

Extra care housing

The development of Extra Care Housing has provided alternatives to residential care for some people in North Wales; with some units specifically catering for people with dementia in Extra Care. There were 252 people living in extra care in North Wales in 2015.

All extra care schemes within North Wales have been developed to meet lifetime home standards – offering accessible facilities such as level access showers, hi-lo baths with ceiling hoists and wheelchair / mobility scooter storage. Eligibility criteria for the schemes require prospective tenants to have housing related and/or eligible social care needs. Schemes are available for people aged from 55 years - criteria are developed locally. Some offer accommodation for people aged 60 or 65 and over.

Universal health care and support services

Care closer to home is currently somewhat fragmented and often provided by small teams. Evidence suggests that there is variation in quality and outcomes and provision should be able to deliver more consistently at the population level.

There is a wide range of literature on different models in primary and community services which will be reviewed further, together with examples from other areas and other countries to learn what works well and how this could be applied in North Wales. We will seek expert external support and advice in doing so in the next stages of the Care Closer to Home strategy development.

A review of evidence undertaken by Public Health Wales identified models of primary care in other countries, to help understand what great primary care would look like within a holistic integrated health and social care system ("Primary Care In Wales: Rapid review of models and policy", Public Health Wales, July 2014.) This review found evidence in relation to structure (how we

run the system), process (how we provide the service) and outcomes (health and well-being, citizen experience and value for money). Overall messages include the following:

- This is a pivotal time for health care systems globally: the financial crisis has galvanised scrutiny of the value we gain from our investment in health care systems and there is an emerging consensus that current models are not financially, or otherwise, sustainable.
- There is also an emerging consensus that a shift to primary care and population-based approaches are the way forward to improve health and reduce inequalities in health outcomes. Wales is well placed to build on developments to date around GP clusters and wider community services within integrated health boards.
- Primary care teams should include a wider range of members with greater integration with secondary care and social care, including navigation and coordination of a greater range of services.
- Clear outcomes should be the focus of any new model or policy, using a framework for quality primary care such as that advanced by (Kringos, 2010).
- Models of provision characterised by Community Oriented Primary Care principles and citizen engagement are likely to be the most transferable to the Welsh context, as are approaches tailored to tackling the Inverse Care Law and to co-production of health.

The **National Plan for a Primary Care Service for Wales (2015)** asserts that people should receive the majority of advice, investigation, diagnosis, treatment and care in flexible ways and in flexible facilities, delivered by a range of professionals and others, at or close to home, making effective use of modern technology. The care should be responsive and proportionate to the needs and circumstances of each individual and agreed with them through a care plan.

A recent review of the evidence on **moving service into the community** (Policy Research Unit, 2014) suggested that initiatives to improve community based care should be allowed to develop from the bottom up and that no particular ownership model is better than others, although fragmentation of providers may make service provision more difficult. Good multidisciplinary team working depends crucially on communication. Aligning the populations covered by different services may help (which is already the case in North Wales). It also highlighted the lack of information about community service providers in the UK makes it very difficult to gather evidence about cost, required workforce mix or cost effectiveness.

Specialists, who are traditionally hospital-based, can play a greater role in supporting primary care services to care for people close to home and share

accountability for population health improvement. Hospital based staff will provide much more specialist support to primary care by phone, email, virtual review, video call, and telemedicine technology and in local clinics. Health boards will also agree with the Welsh Ambulance Service how paramedics can help to deliver more care at home and in the community.

The **Community Hospitals Strategy Refresh written by the Scottish Government (2012)** evidenced that community hospitals provide clinically effective services that improve the outcomes for patients and support the delivery of services closer to home. The main challenge for NHS Scotland has been to ensure that community hospitals are fully aligned and linked to the wider delivery of services within NHS Board areas. In order to make full use of these valuable resources, it is vital that community hospitals are as effective as possible at delivering pathways of care and have clear links with the broad range of services provided by the NHS and its Partners and in particular, acute hospitals, care homes and social care services.

We know about a third of adults say they find it difficult to make a convenient appointment with a GP. This is reflected in the feedback from the listening exercises referenced earlier in the document. The Welsh Government has made a number of commitments to improve access to a primary care service in the evening and Saturday mornings for working people. Not everyone who seeks an appointment at their GP practice needs to be seen by a GP. Their health and well-being needs may be appropriately met by seeing another health professional, such as a nurse, a pharmacist, and optometrist. Educating the public about when and how to get the right care from the right person at the right time is an important function of primary care clusters, health boards and the Welsh Government as this plan is implemented.

Flexible access refers to a range of different ways of receiving care from the right professional; this might be face-to-face in the surgery or clinic; by phone; online; through remote monitoring of care using telehealth and telecare equipment or using telemedicine to access specialist advice from others such as hospital-based professionals; making appointments; ordering repeat prescriptions and accessing GP held health records online.

More people will be encouraged to use 'My Health OnLine', which allows people to book GP appointments and order repeat prescriptions. This service will be further developed to include online access for people to their GP held health records with its clinical information from their hospital appointments or admissions, including discharge advice and information.

Flexible facilities mean using each community's assets to deliver a much wider range of care from different professionals. As well as more services being offered in GP surgeries, community pharmacies, dental practices and optometry practices, we want to see much more use made of local community facilities like leisure centres, community centres, supermarkets, the high street

and shopping centres and will work with partners to identify opportunities to do so.

Carers, including people working in care homes, should feel well informed and supported in meeting the needs of their residents and to avoid inappropriate emergency admissions to hospital. Stronger links with primary care and the new 111 telephone service to access information, advice and assistance and access to primary care will support this.

Underpinning all of the approaches to development of new models for primary and community services must be greater integration across systems, with healthcare teams working with local councils, including social services, the third sector, independent and other statutory organisations. There is a growing body of evidence relating to effective integration of services which needs to be built upon in developing future action plans.

Draft

4.5 Conclusion and recommendations

Key messages

While all six local councils and the health board have committed to working to the social model of disability, there is much more work to be done to ensure that the way we work fully reflects this model.

The Social Services and Well-being (Wales) Act 2014 reinforces the need to think about the broader aspects of well-being in a person's day to day life and the ability of a person to participate fully in society.

Focusing on what matters to an individual will help us address the broader aspects better. We will need to work in partnership with people, their families, the third sector and independent providers as well as other public services to achieve this.

The number of people living with a long term condition and the number of people living longer with disability or a sensory impairment is increasing as our population lives longer and the number of older people increases.

We will need to review our organisational priorities and commissioning plans to ensure that we identify better ways of supporting participation and inclusion, and enabling people to maintain their own independence.

We need to focus more on earlier intervention and prevention – taking the actions that the evidence tells us will help people stay healthier and more independent for longer.

We will need to review the more specialised services we provide to ensure that people are able to receive the support they need at the time they need it.

Gaps in service / support

Support for people to live healthier lifestyles and maintain independence is identified as one of the key elements. More emphasis needs to be placed on this by all organisations.

The role of the third sector and independent sector is identified as important in providing broader support networks for people. Organisations need to be mindful of the capacity of these sectors to extend the support they offer.

Some services are sparse in different areas; rural areas have been identified as experiencing shortfalls in provision.

Many of the public sector services are under pressure and while services are available, there may be a waiting list or difficulty in accessing services promptly.

There are barriers for specific groups which need to be addressed – when seeking information, accessing services, or seeking to maintain independence, with support as needed.

Our response

We will seek to collaborate in the design and implementation of effective health improvement programmes with the support of Public Health Wales.

We will aim to give a senior level strategic commitment to implement and embed a sustainable approach to the Making Every Contact Count (MECC) programme in North Wales, providing a culture which encourages and promotes prevention and health improvement.

We will explore the option of using social prescribing as a patient pathway for primary care practices in North Wales to strengthen the links between healthcare providers and community, voluntary and local authority services that could improve health and well-being.

We will take an assets-based approach, identifying what matters to people and supporting them to take control of their lives. We will work with people and the communities in which they live to build on the resources available and support people to connect.

We will seek to strengthen further the social model of disability in all that we do, looking to ensure that our support and our services facilitate participation, respect individual wishes and needs and are inclusive.

We will review the need for our more specialised services to provide care closer to home where possible.

Equality and human rights issues

This chapter raises a number of issues relating to needs which can disproportionately affect people from marginalised groups. These include many who share protected characteristics.

The core factors that influence well-being include promotion of social inclusion. It is known that groups who share the protected characteristics are more likely to experience social exclusion and this will need to be factored into the assessments for individuals.

There may be other issues affecting groups of people who share protected characteristics which have not picked up by this assessment. We would welcome any further specific evidence which may help inform the final assessment. This could be addressed in future population assessment reviews, in the development of the area plan which will follow this assessment, or in the services developed or changed in response to the plan.

Services for people with a long-term health need, physical disability or sensory impairment must take a person-centred approach that takes into account the different needs of people with protected characteristics.

Draft

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5 Learning disabilities

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5.1 About this chapter

This chapter includes the population needs of adults with learning disabilities and adults with autism who also have learning disabilities. Information about children and young people with learning disabilities, adults with autism who do not also have learning disabilities and about the carers of people with learning disabilities / autism can be found in the chapters:

- Children and young people [\[Add link\]](#)
- Carers [\[Add link\]](#)
- Autism [\[Add link\]](#)

What is meant by the term *learning disability*?

- a) The term *learning disability* is used to describe an individual who has:
- a significantly reduced ability to understand new or complex information, or to learn new skills (impaired intelligence); and / or
 - a reduced ability to cope independently (impaired adaptive functioning); which started before adult-hood and has a lasting effect on development (Department of Health, 2001).
- b) The term *learning difficulty* is used in education as a broader term which includes people with specific learning difficulties such as dyslexia (Emerson and Heslop, 2010).

What is meant by the term *autism*?

The term *autism* is used to describe a lifelong developmental condition that affects how a person communicates with, and relates to, other people. Autism also affects how a person makes sense of the world around them. It is a spectrum condition which means that, while all people with autism share certain difficulties, their condition will affect them in different ways. About 50% of people with autism also have a learning disability.

Policy and legislation

Local councils arrange and provide support for adults with learning disabilities based on the Social Services and Well-being (Wales) Act 2014 - [see appendix x](#) for more detail on the new act. Some social services are delivered in partnership with other services including housing, health and education.

Historically, local councils across Wales provided or arranged care and support in line with a range of statutory duties and guidance specifically related to adults with learning disabilities. This has shaped the way in which these services have developed in Wales – [see appendix x](#) for more detail.

5.2 What we know about the population

In 2014-15 the total number of people with a learning disability known to social services in North Wales was 2,700 as shown in Table 5.1 below. This figure is based on the learning disability registers maintained by local councils, which only include those known to services and who wish to be registered. The actual number of people with a learning disability may be higher.

Table 5.1 The number of adults on the learning disability register in North Wales

| | 2012-13 | 2013-14 | 2014-15 |
|--------------|---------|---------|---------|
| Anglesey | 290 | 293 | 303 |
| Gwynedd | 535 | 578 | 576 |
| Conwy | 450 | 455 | 463 |
| Denbighshire | 389 | 413 | 409 |
| Flintshire | 463 | 447 | 480 |
| Wrexham | 500 | 490 | 470 |
| North Wales | 2627 | 2676 | 2701 |

Source: Local council data

In 2015, around 1,900 adults aged 18-64 were receiving learning disability services arranged by local councils in North Wales (Welsh Government, 2015). The total number of people with a learning disability is estimated to be 2% of the population, which is an estimated 6,100 people aged 18-64 living in communities across North Wales (Institute of Public Care, 2015). Many of these people will have support from family and friends and not receive support from social services.

There has been an overall increase in the number of people receiving services across North Wales in the past five years as shown in Table 5.2. There is some variation in the data year to year due to the small number of individuals, differences in eligibility criteria and changes to the way the numbers are counted and cases closed. A priority for future work is to make sure there is common understanding and consistency across the six North Wales counties in the way data is recorded and analysed.

Table 5.2 The number of adults aged 18-64 receiving learning disability services in North Wales between 2010-11 and 2014-15.

| | 2010-11 | 2011-12 | 2012-13 | 2013-14 | 2014-15 |
|--------------|---------|---------|---------|---------|---------|
| Anglesey | 200 | 150 | 170 | 180 | 180 |
| Gwynedd | 230 | 240 | 270 | 200 | 330 |
| Conwy | 340 | 380 | 410 | 420 | 400 |
| Denbighshire | 240 | 260 | 280 | 290 | 300 |
| Flintshire | 430 | 380 | 410 | 410 | 440 |
| Wrexham | 290 | 280 | 280 | 290 | 280 |
| North Wales | 1,700 | 1,700 | 1,800 | 1,800 | 1,900 |

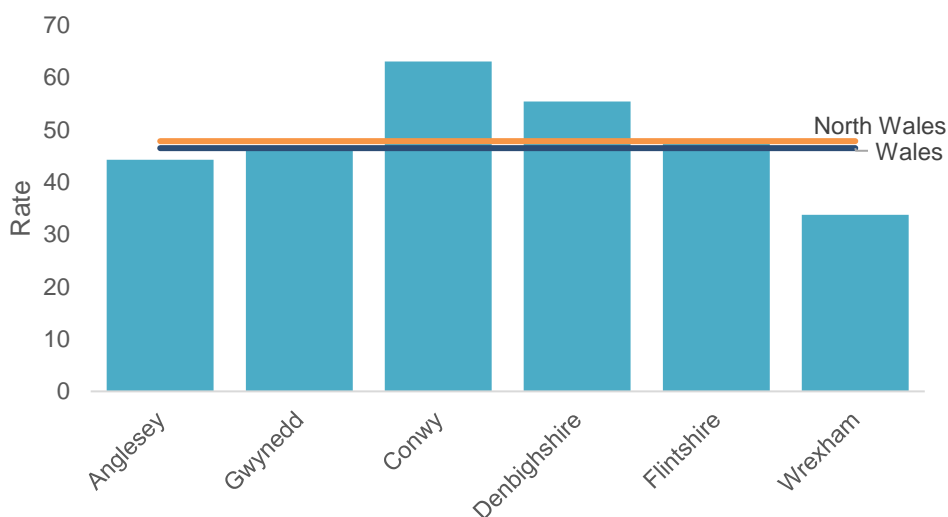
Numbers have been rounded so may not sum

Source: Adults receiving services at the 31st March and range of services during the year, Welsh Government

Figure 5.1 shows the differences in rate of adults with learning disabilities who receive services in North Wales. Possible explanations for the differences between counties include differences in eligibility criteria for services or recording methods, for example, some councils include people who attend a social group as receiving a service while others would not unless it was part of a bigger care package. Other reasons may be that there are more people with learning disabilities living in those areas. A small number of these may be people resettled in the area following closures of hospital or care home places or because of specific provision is available such as specialist schools.

The total number of people aged 16-64 in North Wales with a learning disability per 100,000 people is 480. This is similar to the figure for Wales as a whole which is 460 people for each 100,000 people (Welsh Government, 2015).

Figure 5.1 The rate of adults with learning disabilities aged 18-64 receiving services per 10,000 population



Source: Adults receiving services by local council, client category and age group, Welsh Government

Future trends

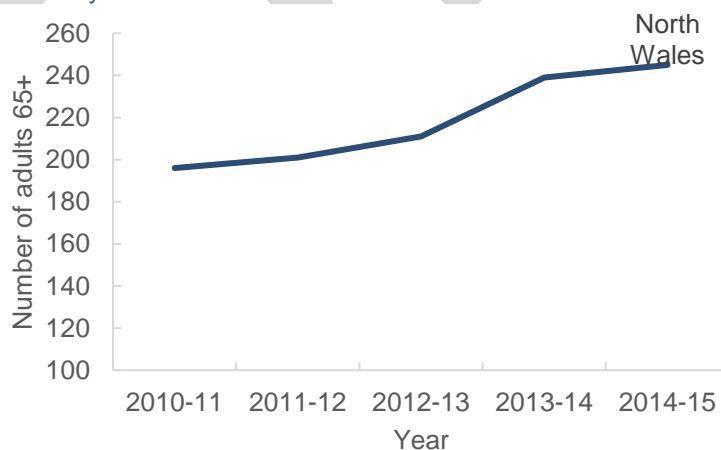
Current projections estimate that the total number of people with a learning disability needing support will increase 2% each year until 2020 and will then stabilise (Local Government Association, 2007)¹. The Social Services and Well-being (Wales) Act 2014 includes a requirement for local councils to replace existing eligibility criteria for services with a new proportionate assessment focussing on the individual and 'what matters' to them. This may increase the demand upon services. At this stage it is too early to accurately predict the number of individuals with care and support needs who will be eligible for statutory support in the future.

Older people with learning disabilities

In 2015, there were 250 people aged 65 and over in North Wales who received a learning disability service (Institute of Public Care, 2015; Welsh Government, 2015).

Current trends in North Wales show an increase in the number of people aged 65 and over receiving learning disability services as shown in Figure 5.2. Table 5.3 below shows there is more variation year to year within each county. For example, there has been a small decrease in Conwy over the past five years however, because the numbers involved are so small it is not possible to draw conclusions from this about future trends.

Figure 5.2 There are an increasing number of people aged 65 and over who receive learning disability services in North Wales



Source: Adults receiving services at the 31st March and range of services during the year, Welsh Government

¹ Another approach estimates that the increase could be between 1% and 8% each year to 2026 depending on whether services are provided to just those with critical or substantial needs or are available more widely Emerson, E. and Hatton, C. CeDR Research report 2008:6 (2008) 'Estimating future need for adult social care services for people with learning disabilities in England'. Lancaster: Centre for Disability Research. Available at: http://eprints.lancs.ac.uk/21049/1/CeDR_2008-6_Estimating_Future_Needs_for_Adult_Social_Care_Services_for_People_with_Learning_Disabilities_in_England.pdf. This could mean an additional 470 to 2,600 people needing services in North Wales by 2026.

Table 5.3 The number of adults aged 65+ receiving learning disability services in North Wales between 2010-11 and 2014-15.

| | 2010-11 | 2011-12 | 2012-13 | 2013-14 | 2014-15 |
|--------------|---------|---------|---------|---------|---------|
| Anglesey | 7 | 9 | 13 | 24 | 27 |
| Gwynedd | 35 | 34 | 38 | 39 | 49 |
| Conwy CB | 53 | 59 | 57 | 56 | 46 |
| Denbighshire | 38 | 45 | 46 | 46 | 50 |
| Flintshire | 33 | 26 | 32 | 46 | 39 |
| Wrexham | 30 | 28 | 25 | 28 | 34 |
| North Wales | 196 | 201 | 211 | 239 | 245 |

Source: Adults receiving services at the 31st March and range of services during the year, Welsh Government

People with a learning disability are living longer. This is something to celebrate as a success of improvements in health and social care. For example, the change life expectancy for people with Down's Syndrome has been dramatic since the 1930s rising from age 10 to around age 50 over the course of 70 years (A.J. Holland, 2000). Evidence suggests that older people are one of the fastest growing groups of the learning disabled population (Emerson and Hatton, 2011).

Older people with learning disabilities have increasingly complex needs and behaviours as they get older which present significant challenges to care services, and staff who work within them, to provide the right type of support. This includes better joint working around payments and resolving disputes quicker (CSSIW, 2016). Creative and innovative design and delivery of services is needed to ensure older people with a learning disability achieve well-being.

There are also increasing numbers of older carers (including parents and family) providing care and support for people with learning disabilities. In future there may be an increase in requests for support from older carers unable to continue in their caring role. The increase in need arising from demographic changes may be more evident in rural areas for example as shown in the pattern of emergency/crisis interventions in Denbighshire. The Social Services and Well-being (Wales) Act 2014 requires local councils to offer carers an assessment for support to those who they care for. It is important to consider the outcomes to be achieved for carers alongside the cared for person and to support carers to plan for the future. [See carer's chapter for more information.](#)

People with learning disabilities are more at risk of developing dementia as they get older (Ward, 2012). The prevalence of dementia among people with a learning disability is estimated at 13% of people over 50 years old and 22% of those over 65 compared with 6% in the general older adult population (Kerr, 2007). The Learning Disability Health Liaison Service in North Wales report that people with learning disabilities are four times more likely to have early onset dementia. People with Down's Syndrome are particularly at risk and can

develop dementia 30-40 years earlier than the general population with rates of 40% at around age 50 (Holland and others, 1998).

The growing number of people living with a learning disability and dementia presents significant challenges to care services and the staff who work in them, to provide the right type of support.

Health needs of people with learning disabilities

People with learning disabilities tend to experience worse health, have greater need of health care and are more at risk of dying early compared to the general population (Mencap, 2012). For example:

- A person with a learning disability is between 50 and 58 times more likely to die before the age of 50 and four times more likely to die from causes that could have been prevented compared to people in the general population.
- People with learning disabilities tend to be less physically active and are more likely to be overweight and obese than the general population (Liverpool Public Health Observatory, 2013).
- Between 40-60% of people with a learning disability experience poor mental health without a diagnosis.
- People with learning disabilities have increased rates of gastrointestinal and cervical cancers.
- Around 80% of people with Down's syndrome have poor oral health.
- Around a third of people with learning disabilities have epilepsy (at least 20 times higher than the general population) and more have epilepsy that is hard to control.
- People with learning disabilities are less likely to receive palliative care (Michael, 2008).
- People with learning disabilities are more likely to be admitted to hospital as an emergency, compared to those with no learning disability (Liverpool Public Health Observatory, 2013). This may be due to problems in accessing care and lack of advance planning.

People with learning disabilities often have a poorer experience of health services due to communication issues. For example, this may result in diagnostic overshadowing by health professionals attributing symptoms of behaviour to the person's learning disability rather than an illness. This can be a particular issue where needs for support through the Welsh language are not being met (MENCAP, 2007; Welsh Government, 2016). Local councils and health are addressing these issues by developing accessible information for people with learning disabilities to improve communication, including hospital passports and traffic light system.

People with a learning disability often have poorer access to health promotion and early treatment services; for example cancer screening services, diabetes annual reviews, advice on sex and relationships and help with contraception (Liverpool Public Health Observatory, 2013). The Learning Disability Health Liaison Service in Betsi Cadwaladr University Health Board work across North Wales to raise awareness and reduce inequalities. The work includes promoting annual health checks and health action planning to support people to take responsibility for their own health needs and saying how they want these needs to be met.

Young people with complex needs

Medical advances have had a positive impact with more young people with very complex needs surviving into adulthood (Emerson and Hatton, 2008). Services will need to adapt to make sure they can meet the needs of these young people as they make the move into adult services.

[Please see children and young people chapter for more information.](#)

Other future trends

There are also changes in expectations of families about the rights of people with learning disabilities to an independent life (Emerson and Hatton, 2008). The new act supports people's independence but puts more emphasis on the role of family, friends and the local community in providing support than on social services. Local councils will need to clearly explain this change or 'there is a risk that the same set of circumstances for a person with a learning disability may be perceived quite differently, with the local authority seeing it as a positive example of co-produced, sustainable social services, and it being experienced as an isolating and confusing predicament by the person themselves' (CSSIW, 2016).

Welsh language profile

There is variation across North Wales in the proportion of people with Welsh as their preferred language. This means that there are varying needs across North Wales for Welsh speaking support staff and to support the language and cultural needs of Welsh speakers with learning disabilities. The need tends to be met better in areas where there are greater numbers of Welsh speakers, such as Gwynedd, than in areas such as Denbighshire and Conwy where recruiting Welsh speaking support staff has proved to be difficult (CSSIW, 2016). Please see the [Welsh language profile](#) for more information.

Transition between children and adult services

On the whole, support for young people with learning disabilities into adulthood is working well (CSSIW, 2016). One organisation raised an issue that not every local council provides a transition social worker or a team to coordinate and

manage issues during transition stages of children with Down's Syndrome (Isle of Anglesey County Council *et al.*, 2016).

Local councils in North Wales are reviewing policies and practice to ensure they comply with their duties to improve outcomes, health and wellbeing set out in the Social Services and Well-being (Wales) Act 2014. Councils are expected to work in partnership with health, third and community sector organisations to develop a range of preventative services to support independence. The emphasis is on providing coordinated person centred support which works with the individual to take control of their own needs, rather than making decisions for them, and developing more support provided by the community, in the community.

Differences between communities in North Wales

The need for formal support from social services may vary as a result of differing experiences and expectations of individuals, families and communities in North Wales. There are differences between communities in the extent to which people have approached social services for support, with some areas reporting a reluctance by some families to accept support until a situation reaches crisis point. Some counties report this being more common in rural areas. For example, Denbighshire case records and housing needs spreadsheet show evidence of families not wanting to discuss future housing needs. This can result in an increased likelihood of emergency placements. Other counties report similar findings.

Safeguarding

The Social Services and Well-being Act (Wales) Act 2014 defines that an adult is at risk if: they are experiencing or at risk of abuse or neglect; they have needs for care and support (whether or not the authority is meeting any of those needs), and as a result of those needs are unable to protect themselves against the abuse or neglect or the risk.

In safeguarding adults at risk, local councils should make sure individuals feel they are an equal partner in their relationship with professionals, and remain open to any individual who wishes to invite someone of their choice to support them to participate fully and express their views, wishes and feelings. With this new legislation in place, local councils and partners are provided with an opportunity to review our approach across the region, bring our learning into practice, and to focus on ensuring the adult at risk is always at the centre of our work to support them.

In the year 2015/16, there were 4,000 referrals for adults at risk in Wales. Of these, 15% of referrals were for adults with learning disabilities aged 18-65 and 1% of referrals were for adults with learning disabilities aged 65 and over.

There can be confusion between safeguarding issues and the poor practice of staff that needs to be addressed by care providers. Referrals which do not meet the safeguarding threshold must be screened by the adults at risk teams who make enquiries and determine the next steps. Training for providers is identified as an area for improvement.

Adults with a learning disability are vulnerable to maltreatment and exploitation, which can occur in both community and residential settings (NICE, 2015). In 2014/15 there were 2,500 recorded incidents of disability hate crime which was an increase of 22% on the previous year, although some of this may be due to improvements in police recording rather than an increase in offences (Home Office, 2015). Data from the Crime Survey for England and Wales (CSEW) estimates that there are 70,000 disability motivated hate crimes on average each year (Home Office, 2015). There needs to be increased awareness of disability hate crime and procedures with development of better relationships and understanding across the region. We need to work together to develop a culture where people challenge discrimination and hate crime and where people with learning disabilities feel able to speak up.

An emerging issue identified by staff is an increasing need to provide more support for people with using the internet (including social media and internet dating) due to safeguarding concerns. An additional concern is that decisions to safeguard adults with learning disabilities may make them less safe if they are taken to protect decision makers and stop them having access to things that improve their wellbeing, such as technology (Community Care, 2015).

There are also concerns about domestic abuse and meeting the needs of people from different cultural and religious backgrounds. There is more information in [chapter 8 violence against women, domestic abuse and sexual violence](#).

These issues are discussed in more detail in section 5.3 'What are people telling us'.

Overall, the level of spend on learning disability services has been increasing but we are now faced with supporting more people with less money as a result of reducing local council settlements, Independent Living Fund (ILF) closure & Supporting People funding restrictions.

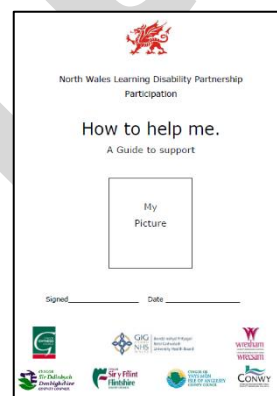
5.3 What are people telling us?

The Regional Learning Disability Partnership focuses on driving forward improved services based on mutual understanding across the six local councils and health. A regional participation strategy and outcome framework has been developed to ensure "the partnership is effective and citizen focused and that it meets the needs of people with learning disabilities and their families" (North Wales Learning Disability Partnership, 2015b).

Learning disability participation is coordinated across the six councils by a Regional Participation Officer. Each county has its own local participation network/forum supported by advocacy. The coordinator supports the local forums to take part, plan events and come together to influence the learning disability services across North Wales. The regional group have chosen to work on the topics below (North Wales Learning Disability Partnership, 2015a)

1. Leisure. The event organised highlighted the fact that often people with learning disabilities struggle to attend social events in the evening or have to leave early because of staff handovers or transport issues. Staff attending from the region are working on ideas to enable people to 'stay up late'. This may include local councils re-writing contracts with providers. The participation group chose to promote a 'Friendship group' currently being run in Conwy by a person with learning disabilities to be replicated across the counties

2. Places people live. On the whole, people with learning disabilities in North Wales are happy with where they live. The problems they experience tend to be with the way support is provided, particularly when it is inflexible. For example one person said they had to give 24 hours' notice to access money which meant they missed out on buying the dress they wanted at the market. To help with this the group have written a book called 'How to help me' which people with learning disabilities can keep with them, to have their say and to help support staff understand how they would prefer to be supported.



3. Health. There are a number of initiatives in North Wales to help improve the health of people with learning disabilities. At their next event, the group will be working on how well people are aware of these and how the take-up can be improved. These include:

- Annual health checks.
- Learning disability nurse based in hospitals who can help people with learning disabilities communication and to complete a traffic light assessment.
- Public health easy read leaflets about health checks.
- Opportunities for physical exercise and healthy eating.

The group are also looking at the quality of mental health services for people with learning disabilities.

Other issues identified by the group include employment and pay for employment; keeping safe when out and about and when using the internet; and hate crime. A group aiming to reduce stigma have produced a poster and

video encouraging people to report incidents of disability hate crime (Conwy Connect, 2014).

Discussion groups held to inform the population assessment highlighted the need for paid work to give a feeling of self-worth and acknowledge people's worthwhile contribution to society. People with learning disabilities also said they would like more opportunities to join in socially with groups from all areas of society, not just those arranged for those with disabilities only. Another theme was the need for good transport to access services (a particular problem in rural areas) and a number of people expressed the desire to learn to drive.

A review of person centred plans in Denbighshire found people with learning disabilities said that the things that work well are their homes (the people they live with and the things they do at home) and leisure (getting out and about and being a part of their community). New things mentioned that work well are having access to technology, such as Wi-Fi and a laptop, and well managed medication. Whereas the things that were not working well were mobility and health (particularly aging, getting around or the increasing effects or chronic health problems) and coping with anxieties and managing behaviours. New things mentioned include problems with the housing environment (often these were little things but they were having a big impact), friendships, relationships and loneliness (people said they wanted more friendships) (Denbighshire County Council, 2016).

Feedback from partner organisations

A questionnaire circulated for the population assessment highlighted that people want to be treated as equal to the rest of the population, they needed help to feel part of the community and to express themselves (Isle of Anglesey County Council *et al.*, 2016). In particular, organisations feel that there is not enough support or opportunities for people with learning difficulties to work and not enough support or opportunities for them to develop new relationships.

They also identified a lack of long term low level support for people who have learning difficulties but do not reach the threshold for a learning disability diagnosis, and who are unlikely to be ever fully able to maintain a housing tenancy independently.

Feedback from staff

Staff consultations were held to inform the population assessment and the issues raised are reflected throughout this chapter. For more information please see the staff engagement report [\[add link\]](#).

National consultation (CSSIW, 2016)

When asked about their needs most people spoke about their relationship with their care manager and other staff. Concerns were largely about reliability

(turning up on time); dependability (doing what is promised); and availability (having a care manager in the first place).

The findings about providing effective care and support were:

- We need to improve the quality of information about the help that might be available. Concerns about the format of information – for example, too many words, small size of fonts and not enough pictures.
- Concerns about feelings of vulnerability and risk in the community. People said:
 - ‘I get worried in council places – people laugh and I leave’
 - ‘People in the community called me and my family names’
 - ‘Sometimes the kerbs are too high for my wheelchair and the paths not wide enough so I worry I’ll tip into the road or if I go in the road get knocked down’.

They also identified three cross-cutting issues:

1. The quality and reliability of the relationship with staff (including care managers) is crucial to the achievement of positive outcomes for many people with learning disabilities.
2. The ‘helping’ relationship should focus on promoting and supporting the rights of people with learning disabilities including their right to express and exercise choice.
3. The expression of choice should be underpinned by sound risk assessment and risk management so that people feel as safe as possible as they grasp new opportunities.

5.4 What support is available at the moment?

People with learning disabilities often need support with many aspects of their lives, including:

- where they live (for example, residential care or supported housing);
- what they do during the day (employment / work experience);
- their social lives;
- having a break (respite).

This support can come from their friends and families or their local community as well as from local councils, health services and/or the third sector.

Local councils across North Wales are continuing to move away from care home provision towards community living and other models of supported housing. The new act has increased the emphasis on support that encourages progression and has a focus on outcomes when procuring support for people.

The National Inspection of Care and Support for people with learning disabilities (CSSIW, 2016) found that:

‘The quality of care and support for many people with learning disabilities in Wales is largely dependent on the effectiveness of the front line social services and health staff who support them. For those who have family carers, it is the tenacity and assertiveness of their relatives that is also often crucial to the outcomes they achieve. Social services and health staff generally work well together at an individual and team level. Much more needs to be done, however, by leaders at all levels to support their staff by working in partnership with people with learning disabilities and family carers to shape care and support for the future.

There are examples where social services and health are thinking and planning together for the longer term and talking and listening to people about their ideas and plans. However, there are too many instances where this is not happening effectively on behalf of people with learning disabilities.’

The report includes 13 recommendations for practitioners, leaders and policy makers. The first three recommendations are around understanding the need, which are being addressed through this population assessment.

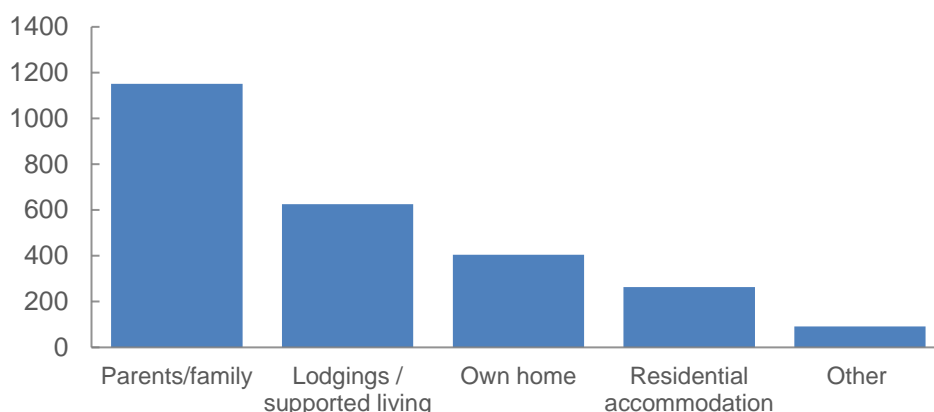
Recommendations four to nine are about providing effective care and support including: reviewing quality assurance arrangements; sharing best practice; clarifying adult safeguarding arrangements; strengthening health liaison work; provision of equipment; and, considering the Continuing Health Care Process to see if improvements can be made.

Recommendations 10 to 13 are about leading in partnership with people.

Supported housing: this includes Care Home placements, Community Living and Adult Placements

As shown in Figure 5.3 the majority of people with learning disabilities in North Wales live with their parents (this pattern is different from the general population). Specialist supported housing is the next most common living arrangement and includes community living and adult placements. The smallest proportion of people with learning disabilities live in residential and institutional care, which reflects the amount of support that goes in to supporting people to stay in their homes. In recent years a number of ‘tailor made’ community living schemes have been developed across the region as a means of helping people to move out of Care Homes.

Figure 5.3 The majority of people with learning disabilities aged over 16 in North Wales live in community placements with their parents/family (a)



Source: Adults receiving services at the 31st March 2015 and range of services during the year, Welsh Government

(a) The 'Other' category includes health placements and foster placements

There has been a move towards supporting living arrangements from care homes. This can be illustrated by the number of Community Living Schemes that have been developed in each local council area over the past five years.

- Anglesey: Total increase of 7 units: 2 one person units, plus increased multiple person unit from 3 to 4. Adult placements increased by 4.
- Gwynedd: 2 in the last year, including 1 new build project and approximately 1-2 developed each year for the last five years.
- Conwy: 5 new schemes (plus 2 sourced by the families with support provided via Direct payment)
- Denbighshire: 8 new schemes developed
- Flintshire: 5 Community Living Schemes set up in the last 5 years.
- Wrexham: 12 new or remodelled properties developed plus 1 under construction and 1 where land is currently being sourced.

Future housing needs

Since the 1980s all local councils across North Wales have developed a model of shared supported housing, known as community living. For most people this is seen as more appropriate than long term care home placements, as it means that people are tenants in their own right and have much more control over their daily living patterns. It enables people to live in an ordinary house as a part of their community.

The new act emphasises the need to be part of the community. Although on the whole this model of shared housing has worked well, there is also a need to look at alternative models to community living. In current models people are living together for 10-20 years (longer in some cases), over which time their needs change and it is difficult to find good matches for people over that time scale. New housing models include providing 'own front door' with support.

While a person is living in a supported housing scheme they will receive domiciliary care and/or support in order to promote independence. The care they receive is usually separate from the accommodation. There is a need to work with supported living service providers to develop more outcome based service delivery models, designed to ensure people receive personalised services to meet their assessed needs as identified in their individual support plans.

The aim is to introduce more progressive service delivery models that act as a stepping stone towards greater independence and promote social inclusion and integration into the local community. The support a person receives will change as the person's needs change. It is generally expected that, as people become more connected with their communities and develop their own support networks, their need for formal social care will reduce and support will be adjusted in response to the changing situation.

Ongoing regional work is taking place to review contracting arrangements for domiciliary and supported living framework agreements. The aim is develop a sustainable market in North Wales with a range of providers, delivering care and support to meet the diverse range of needs (including complex needs) across North Wales and continue to reduce the number of out of county placements.

There is also a need to provide or arrange housing support to people who are no longer able to live at home, for example if their family are no longer able to support them. Often individuals and their families find it difficult to think about the future but when a carer passes away, a particularly difficult time will be made more so if there are no plans in place and social services have to find the person a new home in an emergency. Table 5.4 below is an estimate of the number of people with learning disabilities living with older carers in North Wales.

Table 5.4 The estimated number of people with learning disabilities living with carers aged 60 and over.

| | 2016 (a) |
|--------------|----------|
| Anglesey | 27 |
| Gwynedd | 75 |
| Conwy | 50 |
| Denbighshire | 50 |
| Flintshire | 60 |
| Wrexham | 60 |
| North Wales | 322 |

Source: Local council data

Note: Estimated based on date of birth of person with learning disabilities, not the carer.

(a) These figures have been estimated as dates of birth of carers are not recorded as routine.

Housing needs analysis in each county shows some similar needs which include:

- Improved and modernised respite service to provide more opportunities to younger people so that they can have longer breaks which may enable them to remain at home longer. Staying at home is viewed as a positive thing and reflects what is happening within the young population generally. Young learning disabled people are often benefit dependent and being able to afford their own home will increasingly be an issue due to the changes to benefit entitlement and the proposed housing benefit cap. Respite that can equip people with skills training to prepare for a move to a tenancy.
- Respite for people with complex needs and challenging behaviour.
- Long term accommodation for people with complex needs/challenging behaviour which will enable people to return to their home county from out of county placements.
- Accommodation for younger people (transition stage) likely to be bed-sit based and with communal areas, general concierge/warden service with extra support commissioned as required based on assessment. It would meet the needs of: people under 35 where affordability is an issue; care leavers; people with history of minor convictions.
- There is a need to develop alternatives to traditional models of community living, including extra care apartments for people with learning disabilities (own front door, shared support) and a fully accessible intensively supported independent living model of housing.
- Hostel-type accommodation: there are currently limited hostel opportunities that suit people with learning disabilities, this type of accommodation would be short-term.
- Need to plan to meet future accommodation needs of people currently living with older carers.
- There is demand for tenancy based supported housing for individuals of all ages.
- Expand on the Adult Placement / Shared Lives scheme – need to employ more enablers
- Adapted housing for individuals with visual/sensory impairments.

A challenge for all local councils is to find sufficient good quality housing to meet the wide range of needs of people with learning disabilities and enable individuals to have more choice about where they live, who they live with and who supports them. Local councils in North Wales are continuing to explore alternative housing options with key stakeholders, including property developers, registered social landlords, housing departments and housing associations and work together to find innovative housing solutions for people with learning disabilities. This can include better designs and adaptations to existing properties as well as learning from good practice and successful housing projects in other areas, such as ideas for better use of assistive technology to support independence.

Engagement for the population assessment also highlighted an unmet need regionally in relation to high-end jointly funded nursing placements for adults with severe learning disabilities who have health related needs. There are people in Bryn y Neuadd hospital for whom finding placements has proved difficult because there is nowhere they can go that is adequately equipped to meet their needs.

Overall people with learning disabilities told us that housing worked well for them. Please see section 5.3 'what are people telling us' for more information.

Day opportunities

By *day opportunities* we mean formal support for people during the working week which is provided away from their home – this includes work opportunities which tend to have a vocational focus or are based in a business setting. Each county has a mix of direct payments, in-house, independent sector and social enterprises, with a range of services and work based activities in each local council.

A *social enterprise* is a business with profits re-invested back into its services or the community. A *cooperative* is a group acting together voluntarily to meet economic and social need. Local councils have a new duty to promote social enterprises and co-operatives which involve people who needs care and support. Day opportunities are an area we would like to encourage social enterprises and co-operatives to provide.

Respite services

Each county has respite services which give families a break. The arrangements vary from county to county but include respite 'beds' in Care Homes, Adult Placements for respite, short breaks and use of Direct Payments

Support services – social and leisure opportunities

People with learning disabilities often face barriers to accessing socialising or leisure opportunities, for example they may not drive or may need support to use public transport. If local councils did not provide this support then some people would not be able to have a social life. Many of the solutions are low-cost and each county has a different way of funding these services. Some are funded as part of other provision, for example, a provider running disco nights. Others use small grants (either from the council or other funders) or informal arrangements. The provision varies depending on demand and geography. There are opportunities to make sure these services are more user led. For example, the 'Friendship group' currently being run in Conwy by a person with learning disabilities.

Active support

The social services National Outcomes Framework for people who need care and support and carers who need support is designed to ensure that health and wellbeing is central to the development of service delivery. This includes appropriate support for people who have profound and multiple disabilities. Some individuals may have no speech and sometimes present behaviours that challenge services. Some counties are training internal staff and working with external organisations that practice active support and use functional communication methods.

Active support is an approach for people with very profound needs who are not able to do typical activities independently and has three components:

1. Interacting to Promote Participation. People who support the individual learn how to give him or her the right level of assistance so that he or she can do all the typical daily activities that arise in life.
2. Activity Support Plans. These provide a way to organise household tasks, personal self-care, hobbies, social arrangements and other activities which individuals need or want to do each day, and to work out the availability of support so that activities can be accomplished successfully.
3. Keeping Track. A way of simply recording the opportunities people have each day that enables the quality of what is being arranged to be monitored and improvements to be made on the basis of evidence.

Each component has a system for keeping track of progress, which gives feedback to the staff team and informs regular reviews (Jones *et al.*, 2014).

Other services and sources of support

Grant funding

The Independent Living Fund (ILF) has been abolished and a reduced amount of funding has been transferred to local councils.

Supporting people funding supports a number of specialised housing projects for people with learning disabilities. This funding has been cut in recent years and cuts are expected to continue putting these projects at risk.

Health

In North Wales we have a liaison nurse service to support communication with people with learning disabilities in hospital.

Information

Dewis Cymru provides information on community based support across the region.

Advocacy

Please see introduction for more information about advocacy [\[add link\]](#).

5.5 Conclusion and recommendations

Key findings

- **Demography:** The number of people with learning disabilities needing support is increasing and people with learning disabilities are living longer. These demographic trends are likely to continue. The growing number of people living with a learning disability and dementia presents significant challenges to care services, and the staff who work in them, to provide the right type of support.
- **Health needs:** People with learning disabilities tend to experience worse health, have greater need of health care and are more at risk of dying early compared to the general population.
- **Young people with complex needs:** Services will need to adapt to make sure they can meet the needs of young people with complex needs as they make the move to adult services.
- **Attitudes and expectations:** Most individuals and their families want, or expect to have, a greater level of independence and to be a key part of their community. This may include older parents who have never asked for support or carers who find that the support they expected to have is no longer provided or is provided in a different way.
- **Transition between children and adult services:** this works well on the whole and social services will increasingly be focussed on developing an integrated approach which will help with transition.
- **Finance:** The level of spend on learning disability services has been increasing but we are now faced with supporting more people with less money.
- **Legislation:** The Social Services and Well-being (Wales) Act 2014 is changing the way we work, including the way in which we find out what matters to people and the way in which people are supported.
- **Existing provision:** Currently, support is generally provided by immediate family members and/or long term paid care staff.

Recommendations

1. Support older carers and make sure they have the support and respite services they need. This should include 'planning ahead' services for families which includes work to identify hidden carers and assess their needs for support.

2. Health and social services to work better together make sure there is sufficient support for the health issues of older people with learning disabilities, including people with dementia.
3. Continue to support people with learning disabilities to access health care through the Learning Disability Health Liaison Services, by developing accessible information for people with learning disabilities to improve communication and supporting healthcare providers to better identify people with learning disabilities so they can make 'reasonable adjustments' to their care. Promote access to health promotion and early treatment services.
4. Provide sustainable models of support jointly by health and social care to meet the needs of individuals with complex need. This should include addressing the unmet need for high end jointly funded nursing placements for adults with severe learning disabilities who have health related needs.
5. Support staff to manage changing expectations of support for people with learning disabilities, including changes required by the new act.
6. Recruit more Welsh speaking support staff.
7. Provide more support for people with staying safe when using the internet.
8. Encourage more informal, unpaid support, to reduce reliance on formal paid support. This would help facilitate wider friendships and social lives for people with learning disabilities beyond paid carers.
9. Increase recruitment to the shared lives / adult placements scheme.
10. Develop the provision of assistive technology for people with learning disabilities.
11. Continue to explore and develop housing options to meet the needs of people with learning disabilities in partnership with other organisations.

Data development agenda

- Make sure there is common understanding and consistency across the six North Wales counties in the way data is recorded and analysed.
- Carry out more analysis to support adult services to plan for the needs of young people with complex needs.

Equality and human rights

This chapter includes challenges faced by people with learning disabilities and some of the ways we can work together to meet these needs. People with learning disabilities may also have other protected characteristics and experience additional disadvantage because of these. The chapter looked at particular issues faced by older people with learning disabilities, people with profound and multiple disabilities and the use of the Welsh language. Future work also needs to take into account different issues affecting women and men,

Lesbian, Gay, Bisexual and Transgender (LGBT) people, Black, Asian and Minority Ethnic (BAME) people and a person's religion and beliefs.

There may be other issues affecting groups of people who share protected characteristics which have not been picked up by this assessment. We would welcome any further specific evidence which may help inform the final assessment. This could be addressed in future population assessment reviews, in the development of the area plan which will follow this assessment, or in the services developed or changed in response to the plan.

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Appendix 1: Overview of the Social Services and Wellbeing (Wales) Act 2014

Nationally, the way in which local authorities arrange and provide support for adults with learning disabilities is informed by the new Social Services and Well-being (Wales) Act 2014. This act, which came into effect in April 2016, replaces previous legislation for the delivery of social care and forms the basis for a new statutory framework for social care in Wales. It will transform the way social services are delivered, promoting people's independence to give them a stronger voice and control.

Many of the supporting principles and aims already underpin the changes that have been introduced across Social Services and local councils have been preparing for the implementation of the act with a strong emphasis on training and staff development.

How will the Social Services and Well-being (Wales) Act 2014 change things?

The act will:

- Provide a stronger voice and real control for people over the social care services they use, and will help meet their changing needs. It will drive the development of new models of service that maintain and improve the wellbeing of people in need.
- Promote preventative and early intervention services, based on greater partnership working and integration of services between local authorities and partners.
- Establish Outcome Focused Assessments for individuals and their carers which focus on the outcomes that are important to them, not just about eligibility for a particular service.
- Establish a national eligibility criteria. People will be assessed on what they need, rather than just on what services are available locally.
- Strengthen powers for safeguarding of children and adults, so that vulnerable people at risk in our society can be protected more effectively.
- Promote Direct Payments - extending the range of services available by direct payments, meaning people will have more control over the services they use.
- Provide portable assessments - If people move from one part of Wales to another they will not require their needs to be re-assessed if these haven't changed.
- Establish equivalent rights for carers so that people who care for someone such as an elderly or disabled relative or friend will get similar rights to the people they care for.

The act also places duties on local authorities in relation to providing people with:

- Information and Advice relating to care and support; and
- Assistance in accessing care and support.

More information is available at: <http://www.ccwales.org.uk/the-act/>

Engagement carried out nationally around the impact of the act stresses the importance of helping people with learning disabilities to understand the changes. The report writers said 'Without this, there is a risk that the same set of circumstances for a person with a learning disability may be perceived quite differently, with the local council seeing it as a positive example of co-produced, sustainable social services, and it being experienced as an isolating and confusing predicament by the person themselves. Finally, it should be stressed that the evidence from the national inspection is that many people already rely more on their families for support than they do on services'. (CSSIW, 2016)

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Appendix 2: How national guidance has shaped learning disability services

National legislation: There is a statutory duty on the local council to provide information and/or arrange support (and in some cases accommodation) under the National Assistance Act 1948, the Chronically Sick and Disabled persons Act 1970 and the NHS & Community Care Act 1990. Each individual must be assessed using Fair Access to Care.

1983: The All Wales Strategy (1983) and Revised Guidance (1994): The All Wales Strategy recognised the rights of people with learning disabilities to normal patterns of life within the community, to be treated as individuals, and to receive additional help and support from the communities in which they live, and from professional services, in developing their potential.

Since the introduction of the All Wales Strategy significant achievements have been made throughout Wales, including the hospital closure and resettlement programme, more localised community based day services and the establishment of community living schemes.

'Community living' enables people to live as tenants in 'ordinary' properties, within their own community. In North Wales the impact of the All Wales Strategy has been considerable, particularly in relation to the shift away from institutional care, with community living now well established as the preferred option for most people who need to live away from the family home.

In terms of day time activities, we have also seen a move away from large, isolated, day services and towards more community based 'businesses'.

2001: Fulfilling The Promises: In 2001, the Learning Disability Advisory Group published their proposals for a framework for services for people with learning disabilities. The report 'Fulfilling The Promises', outlined a vision for services based upon the principles of the All Wales Strategy. It laid down a number of key principles in areas such as employment, Community living and health needs.

2004: Section 7 Guidance- Service principles and Service Responses: Although considerable progress had been made in Wales since the All Wales Strategy was first established there was recognition of the need for further development. In response to this Welsh Government (WG) issued Section 7 Guidance on Service principles and Service Responses in 2004 and allocated grant funding for projects which supported this guidance.

The white paper **Sustainable Social Services for Wales: A Framework for Action** published in 2011 set out the Welsh Government's vision and highlighted the challenges facing public services in Wales.

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6 Mental health

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6.1 About this chapter

This chapter includes the population needs of mental health needs of adults. Information about other population groups can be found in the chapters:

- Children and young people [\[add link\]](#)
- Older people: for information about dementia, however, early onset dementia is discussed in this chapter [\[add link\]](#)
- Learning disabilities and autism: the population assessment has highlighted the way people current service divisions may not work for people on the autistic spectrum. More information is included here [\[add link\]](#).
- Carers [\[add link\]](#)

For information about substance misuse please see the Area Planning Board needs assessment [\[add link\]](#)

What is meant by the term mental health?

The World Health Organisation (2014) has defined mental health as:

“a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”

The Mental Health (Wales) Measure 2010 includes four different ways people may need help:

- Local primary mental health support services: services accessed through a GP referral.
- Care coordination and care and treatment planning: for people who have mental health problems which require more specialised support (provided in hospital or in the community), overseen by a professional ‘Care Coordinator’ such as a psychiatrist, psychologist, nurse or social worker.
- People who have used specialist mental health services before: can request reassessment from the mental health service.
- Independent Mental Health Advocacy: For people receiving secondary care.

The Mental Capacity Act 2005 covers people in England and Wales who can’t make some or all decisions for themselves. The ability to understand and make a decision is called ‘mental capacity’. The Mental Capacity Act requires care co-ordinators to assume that a person *has* capacity, it also makes provision for Independent Mental Capacity Advocates and /or ‘Best Interest Assessors’ to support decision making for people who lack mental capacity.

How will the Social Services and Well-being (Wales) Act 2014 change things?

The principles of the Social Services and Well-being (Wales) Act 2014 are similar to those already adopted by mental health services in North Wales. Regional work is taking place to make sure documentation is compliant with the act and that care and treatment plans required under the Mental Health Measure fit with the assessment requirements under the new act. For more information about the act please see [appendix x](#)

For more information about the legislation and guidance relating to mental health please see [appendix x](#).

Safeguarding

The safeguarding issues for adults with mental health needs are similar to those of the general adult population. People who lack the capacity to make decisions as to where they live and about their care planning arrangements need to be assessed for a Deprivation of Liberty Safeguards (DoLS). The aim of the safeguards are to ensure that the most vulnerable people in our society are given a 'voice' so that their needs, wishes and feelings are taken into account and listened to when important decisions are taken about them.

There is a new definition of 'adult at risk', a duty for relevant partners to report adults at risk and a duty for local authorities to make enquiries which should help to safeguard adults at risk, including those with mental health support needs.

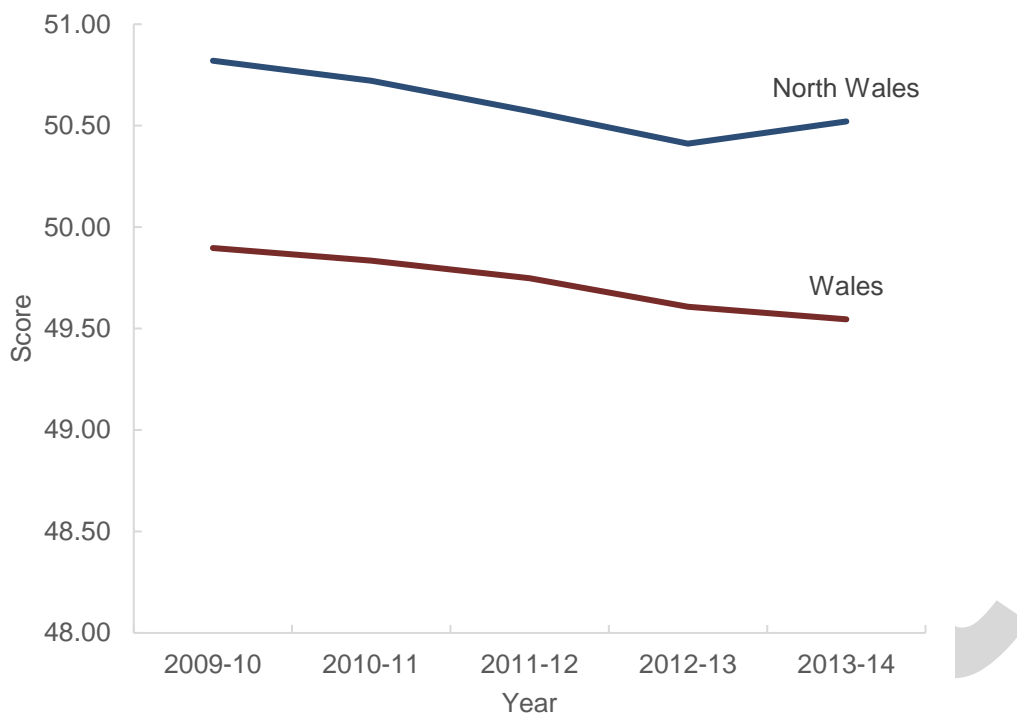
6.2 What do we know about the population

An estimated 1 in 4 people in the UK will experience a mental health problem each year (Mind, 2016), which could include anxiety or depression. In the Welsh Health Survey 13% of respondents reported being treated for a mental illness, which is a slight increase since the survey started in 2003/4 (Welsh Government, 2015b).

People in North Wales report slightly better mental health than in Wales as a whole

Figure 6.1 shows how respondents reported their mental health using the mental component summary score where higher scores indicate better health. This shows that people in North Wales report slightly better mental health than the population of Wales as a whole and that there has been a slight drop (worsening) in scores for mental wellbeing since 2009-10.

Figure 6.1 Mental component summary score (higher scores indicate better health)



Source: Welsh Health Survey (observed)

Table 6.1 shows the mental component summary score for each county. The differences between the counties are quite small and there is variation between them from year to year. Overall, Wrexham has the lowest scores and Gwynedd and Anglesey have the highest, with a difference of 2 points between the scores.

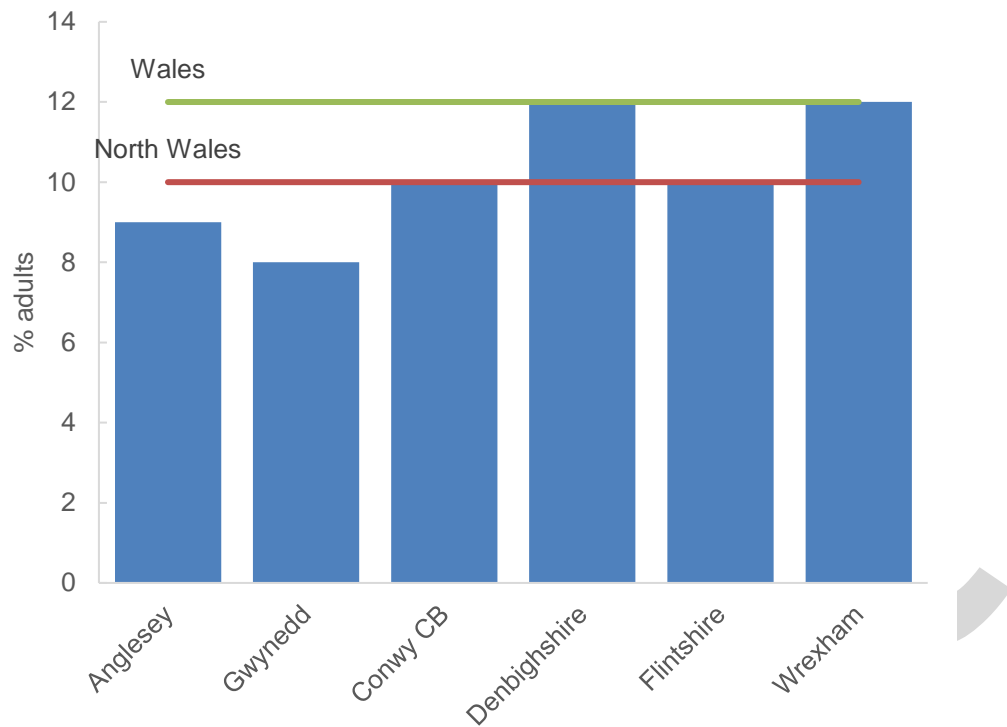
Table 6.1 Mental component summary score (higher scores indicate better health)

| | 2009-10 | 2010-11 | 2011-12 | 2012-13 | 2013-14 |
|--------------|---------|---------|---------|---------|---------|
| Anglesey | 50.8 | 51.0 | 51.5 | 51.4 | 51.1 |
| Gwynedd | 50.9 | 51.3 | 51.3 | 51.1 | 51.4 |
| Conwy CB | 51.1 | 50.3 | 50.2 | 50.3 | 50.6 |
| Denbighshire | 50.6 | 50.9 | 50.5 | 50.1 | 50.5 |
| Flintshire | 51.3 | 50.6 | 50.4 | 50.7 | 50.3 |
| Wrexham | 50.2 | 50.4 | 50.0 | 49.3 | 49.6 |
| North Wales | 50.8 | 50.7 | 50.6 | 50.4 | 50.5 |

Source: Welsh Government (Welsh Health Survey, observed)

Figure 6.2 shows the percentage of adults who report being treated for a mental illness.

Figure 6.2 Percentage of adults (16 years and over) reporting being currently treated for a mental illness.

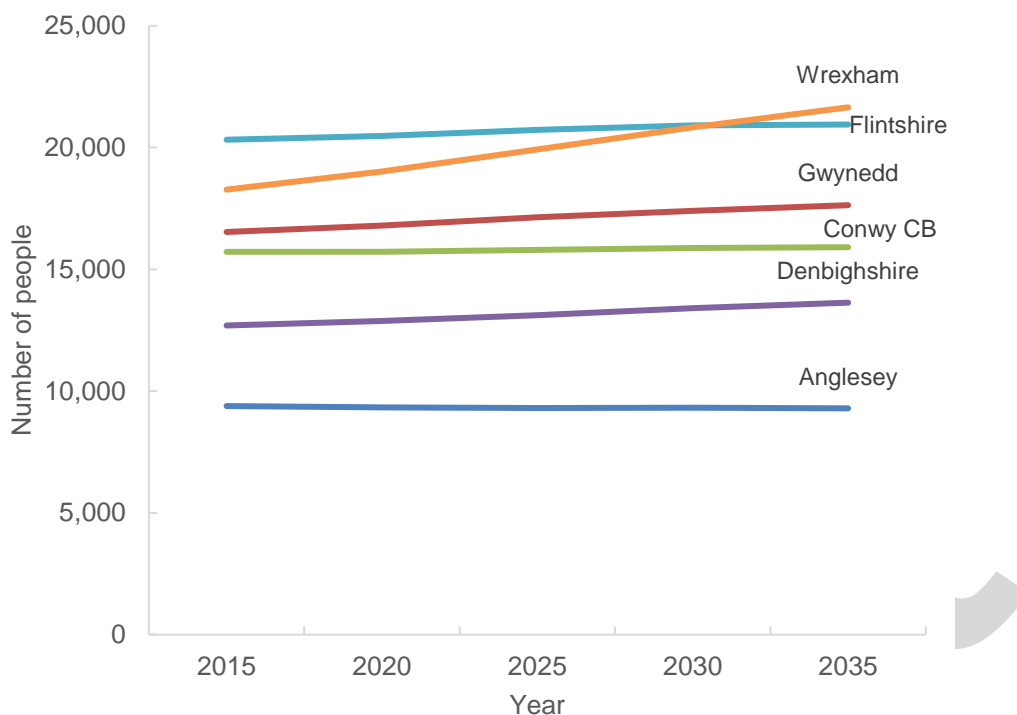


Source: Welsh Government (Welsh Health Survey)

The number of people with mental health problems is likely to increase

Data from the Welsh Health Survey can be used to see how numbers change over time. Figure 6.3 and Table 6.2 were generated from prevalence rates from the Welsh Health Survey and applied to population projections to 2035. It shows that the number of adults in North Wales with a common mental health problem is predicted to increase from 93,000 to around 99,000 by 2035. The numbers may increase further if there is also a rise in risk factors for poor mental health such as unemployment; lower income; debt; violence; stressful life events; and inadequate housing.

Figure 6.3 Number of people aged 16 and over predicted to have a common mental health problem, North Wales, 2015 to 2035



Source: Welsh Government, Daffodil

Table 6.2 Number of people aged 16 and over predicted to have a common mental health problem, North Wales 2015 to 2035

| | 2015 | 2020 | 2025 | 2030 | 2035 |
|--------------|--------|--------|--------|--------|--------|
| Angleseley | 9,400 | 9,300 | 9,300 | 9,300 | 9,300 |
| Gwynedd | 17,000 | 17,000 | 17,000 | 17,000 | 18,000 |
| Conwy CB | 16,000 | 16,000 | 16,000 | 16,000 | 16,000 |
| Denbighshire | 13,000 | 13,000 | 13,000 | 13,000 | 14,000 |
| Flintshire | 20,000 | 20,000 | 21,000 | 21,000 | 21,000 |
| Wrexham | 18,000 | 19,000 | 20,000 | 21,000 | 22,000 |
| North Wales | 93,000 | 94,000 | 96,000 | 98,000 | 99,000 |

Numbers have been rounded so may not sum

Source: Welsh Government, Daffodil

The most common mental illnesses reported are anxiety and depression

Mental health teams support people with a wide range of mental illnesses as well as people with psychological, emotional and complex social issues such as hoarding, eating disorders and Post Traumatic Stress Disorder (PTSD).

The Quality and Outcomes Framework (QoF) - information from GP records - can provide very rough estimates of the prevalence of some psychiatric disorders. This data is likely to underestimate the true prevalence because it relies on the patient presenting to a General Practitioner (GP) for treatment, receiving a diagnosis from the GP, and being entered onto a disease register.

Table 6.3 shows the number of patients in North Wales on relevant QoF disease registers.

Table 6.3 Number of people on QoF disease registers in North Wales

| Condition | Number on register |
|---------------------------------------------------------------------------------------|--------------------|
| Depression | 37,000 |
| Dementia | 4,600 |
| Severe mental illness (Schizophrenia, bipolar affective disorder and other psychoses) | 5,800 |

Numbers have been rounded so may not sum

Source: Quality and Outcomes Framework

Another way to estimate the number of people with common psychiatric disorders is to use the prevalence rates from the Adult Psychiatric Morbidity Survey 2007 and apply them to the 2013 mid-year population estimates for North Wales for those aged 16 and above. The findings are shown in Table 6.4 below.

Table 6.4 Estimated numbers of adults in North Wales affected by mental health problems

| Condition | Estimated prevalence (%) | Estimated number of people affected |
|---------------------------------------------|--------------------------|-------------------------------------|
| At least one of the common mental disorders | 16.2 | 92,000 |
| Mixed anxiety and depressive disorder | 9.0 | 51,000 |
| Generalised anxiety disorder | 4.4 | 25,000 |
| Major depressive episode | 2.3 | 13,000 |
| Phobias | 1.4 | 8,000 |
| Obsessive Compulsive Disorder | 1.1 | 6,000 |
| Panic disorder | 1.1 | 6,000 |

Numbers have been rounded so may not sum

Source: Adult Psychiatric Morbidity Survey 2007; ONS, Mid-Year-Estimates 2013

Early onset dementia

Services for people with dementia tend to be provided as part of older people's services (see [Older People's Chapter for more information](#)). This may not meet the needs of younger people with early onset dementia. Mental health services often support people with Korsakoff Syndrome, a form of dementia most commonly caused by alcohol misuse. Substance misuse services are also likely to be involved with a person with Korsakoff Syndrome, focussing on the drug and alcohol issues, while mental health services can provide support for symptoms.

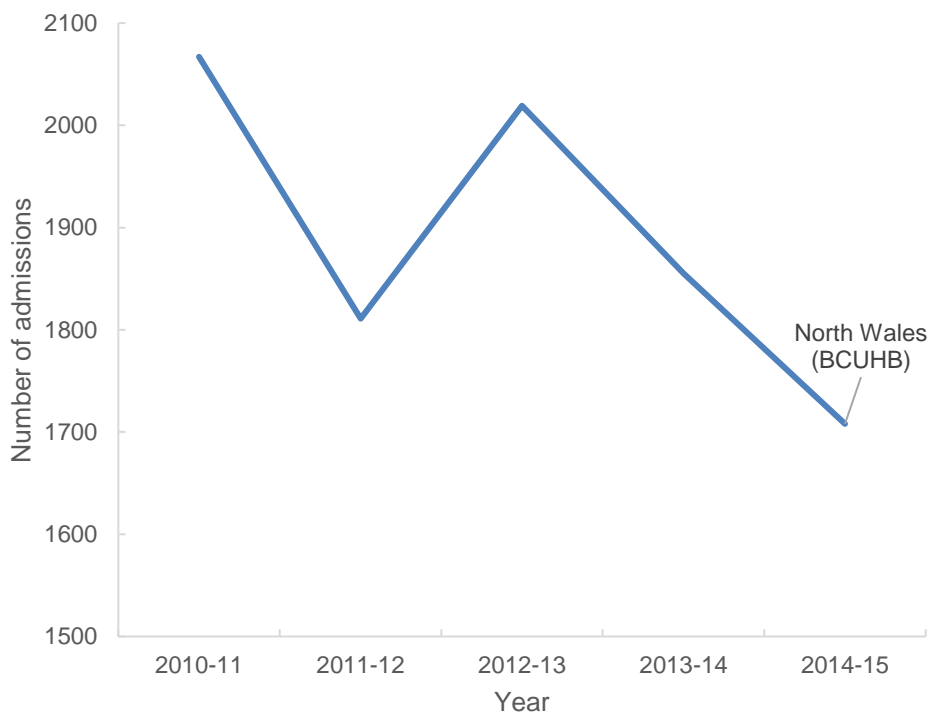
Research suggests a high number of people with mental health problems do not seek help

The estimated prevalence of mental health problems generated by the Adult Psychiatric Morbidity Survey and the Welsh Health Survey is over twice the estimate of people who report being treated for a mental health problem. This suggests that there could be many affected people in the population who are not seeking help for various reasons.

The number of admissions to mental health facilities is reducing

Figure 6.4 shows admissions to mental health facilities. This shows a decline in the number of admissions but it is not possible to tell from this data whether that decline is due to a reduction in demand or a reduction in the availability of acute mental health beds. Consultation for the population assessment identified people being placed out of the region, including examples of placements as far away as London and the South Coast. However, BCUHB do have home treatment teams to try to avoid hospital admission.

Figure 6.4 Number of admissions to mental health facilities



Source: Welsh Government, admissions, changes in status and detentions under the Mental Health Act 1983 data collection (KP90)

The number of people with more complex needs is increasing

Services report an increase in more complex issues as a consequence of deprivation, adverse childhood experiences and substance misuse.

They also report increases in:

- the number of people with diagnosis of personality disorder but it's not clear whether this is an increase due to social reasons or a change in the way the disorder is diagnosed.
- severity in patients presenting with anorexia nervosa compared with a few years ago, which is concerning as this client group often don't seek help voluntarily.
- the number of people with Autism Spectrum Disorders needing support

People with mental health problems are more likely to have poor physical health

Mental ill health is associated with physical ill health, reduced life expectancy and vice versa (Royal College of Psychiatrists, 2010). Poor mental health is also associated with increased risk-taking behaviour and unhealthy life-style behaviours such as smoking, hazardous alcohol consumption, drug misuse and lower levels of physical activity (Welsh Government, 2012).

For example, current research suggests that smoking 20 cigarettes a day can decrease life expectancy by an average of ten years. While the prevalence of smoking in the total population is about 25 to 30 percent, the prevalence among people with schizophrenia is approximately three times as high - or almost 90%, and approximately 60% to 70% for people who have bipolar disorder. Mortality rates for people with Schizophrenia and bipolar disorder show a decrease in life expectancy of 25 years, largely because of physical health problems (Royal College of Psychiatrists, 2010). Obesity, poor diet, an inactive lifestyle and the long term use of medication are also contributory factors associated with severe mental illness and poor physical health.

Services identify high rates of Chronic Obstructive Pulmonary Disease (COPD: due to heavy smoking), diabetes and heart problems, though these needs are often overshadowed by the seriousness of mental health issues. This is an area councils have been developing for example, by using nurses to support individuals with long term mental health conditions to improve their physical health.

Inequality is one of the key drivers of mental health and mental ill health leads to further inequality

Mental health problems can start early in life, often as a result of deprivation including poverty, insecure attachments, trauma, loss or abuse (Welsh Government, 2012). Risk factors for poor mental health in adulthood include unemployment; lower income; debt; violence; stressful life events; and inadequate housing (Royal College of Psychiatrists, 2010).

In Wales, 24% of those who are long-term unemployed or have never worked report a mental health condition compared with 9% of adults in managerial and professional groups. A recent study found more patients who died by suicide were reported as having economic problems, including homelessness, unemployment and debt (Centre for Mental Health and Safety, 2016).

Risk factors for poor mental health disproportionately affect people from higher risk and marginalised groups. Higher risk groups include looked-after children; children who experienced abuse; black and ethnic minority individuals; those with intellectual disability; homeless people; new mothers; lesbian, gay, bisexual and transgender people; refugees and asylum seekers and prisoners (Joint commissioning panel for mental health, 2013).

Having a wide support network, good housing, high standard of living, good schools, opportunities for valued social roles and a range of sport and leisure activities can protect people's mental health (Department of Education, 2016).

Suicide

It is difficult to draw conclusions from the available data on suicide in North Wales due to the small number of cases and other caveats. The average annual suicides of people aged 15 and over in North Wales decreased from around 82 between 2002 and 2004 to 69 between 2011 and 2014 although there is variation year on year. None of the local council areas in North Wales have suicide rates for those aged 15 years and over which are statistically significantly higher than the Wales average (Jones *et al.*, 2016). Suicide numbers are more than three times higher in men than women (Office for National Statistics, 2014).

The causes of suicide are complex (Jones *et al.*, 2016). There are a number of factors associated with an increased risk of suicide including gender (male); age (15 to 44 year olds); socio-economic deprivation; psychiatric illness including major depression; bipolar disorder; anxiety disorders; physical illness such as cancer; a history of self-harm and family history of suicide (Price *et al.*, 2010). There are a number of ways in which mental health care is safer for patients, and services can reduce risk with: safer wards; early follow-up on discharge, no out-of-area admissions; 24 hour crisis teams; dual diagnosis service; family involvement in 'learning lessons'; guidance on depression; personalised risk management; low staff turnover (Centre for Mental Health and Safety, 2016). Many people who die by suicide have a history of drug or alcohol misuse, but few were in contact with specialist substance misuse services. Access to these specialist services should be more widely available, and they should work closely with mental health services (Centre for Mental Health and Safety, 2016).

Farmers are identified as a high risk occupational group, with increased knowledge of and ready access to means (also doctors, nurses and other agricultural workers). Certain factors have been identified as particularly creating risk and stress to people living in rural areas over and above the suicide risk factors affecting general populations: isolation, declining incomes, being different within the rural context; heightened stigma associated with mental health issues; barriers to accessing appropriate care (culture of self-reliance, poor service provision) poor social networks; social fragmentation; availability of some means of suicide (firearm ownership); and high risk occupational groups such as farmers and vets (Welsh Government, 2015a).

The Welsh Government suicide and self-harm prevention strategy is *Talk to me 2* (Welsh Government, 2015a) and there is a North Wales group that coordinates work on suicide prevention.

6.3 What are people telling us?

Feedback from organisations

The organisations surveyed for the population assessment highlighted the following issues:

- Not enough support available for low level depression and anxiety.
- Many services available only over the phone which can make them difficult for people in mental health crisis to access, it would be helpful to have alternative methods such as email or texting. If a phone call is necessary, then the person from the contacted organisation should make it clear when the distressed person can expect a call so they are mentally prepared for it.
- There should be as much support for mental illness as for physical illnesses.
- It can be difficult for people with mental health problems to get back into employment
- More mental health practitioners are needed.
- It would be very useful to be able to have the opportunity for a practitioner to do a home visit, particularly for the initial assessment in a familiar setting.
- Delays with individuals receiving mental health assessments causes real problems.
- Support needs to be flexible.

More information about the survey is available in [appendix x](#).

Feedback from service managers in response to the survey supported the findings around employment difficulties and the need for more mental health practitioners. They also highlighted the following.

- BCUHB have commissioned Parabl to provide low level support.

- Recognise the advantage of home visits as they can give more information about how someone is coping at home. However, it's often not possible due to need to work efficiently and a shortage of staff. Also, some people would prefer to have a service outside of the home environment.
- Need to consider issues around digital inclusion when looking at alternative ways of providing support and communicating with people.

Feedback from people who use mental health services

The workshops and surveys carried out for the population assessment highlighted the following issues:

- Transport: restricts access to local amenities and services as taxi costs are expensive, more community transport is required and better bus services.
- Cost also restricts access to activities in the local community, it would be good to have more affordable activities and more information about activities available.
- Friendships and social networks are very important to this group. Many wouldn't ask family or friends for support, as they don't want to burden them. They tend to keep things to themselves as they feel others don't understand them, including GPs. One individual said:
"I would rather go into hospital than let my local community know I have a mental health problem, especially schizophrenia".
- Participants valued the support available: family, Mental Health Teams, Crisis Team, Drop ins, Social Links, Mind, advocacy and courses in learning for recovery and wellbeing programme.
- Drop in sessions were valued by those who attended, as one person said:
"these drop ins help me feel connected and supported by staff and friends, which sets me up for the week. I don't feel on my own".
- Very important to feel supported otherwise would not have the motivation or confidence to do different things and would stay at home with no social interaction.
- Individuals need someone to contact in an emergency. If a member of staff or a professional is not available, it is not good enough to be called back the next day. If an individual is in crisis they need help immediately.
- Help at home would be welcomed, as individuals feel safer and are in control of things.
- Lack of a key worker/ care coordinator if under a Psychiatrist, as currently unable to contact them when needed.
- Barriers that get in the way of progress include: worry, stress, no spark (with staff/ friends) and tiredness/fatigue.

Feedback from staff and partner organisations

Evidence from the consultation found that people often present to other services with mental health needs and that there is a need for better understanding of how to support a person presenting with multiple needs.

For example, housing associations commented that they identify people with mental health support needs but then don't know where to go for help. They find they are passed between GPs, other health board services, social services and third sector services. Respondents commented that it would be useful to have more information and advice about how to support people or where to signpost people. For example, trying to support someone with debt and money management while they have depression.

A major need identified is in support for adults with autism who don't have a learning disability and might be profiled as having Asperger syndrome or higher functioning autism. It can be a lengthy process to assess an individual. Some commented that people were being passed between learning disability and mental health/vulnerable people services (see [Learning Disability and Autism Chapter for more information](#))

Other needs identified were:

- Increase in number of referrals to the Local Primary Mental Health Support Service
- Increasing number of referrals to Local Primary Mental Health Support Service with social stresses rather than mental health problems, these are harder to support and medication isn't an answer. Examples included domestic violence and relationship conflict.
- Increase in more complex cases and finding threshold for support has risen over the years
- Transition between children and adults mental health services
- Recovery focussed support
- Transport and accessing community facilities.
- Waiting lists for psychology support are too long.
- Support needed pre-diagnosis were also identified as needs.

Suggestions for how to improve services included:

- An overarching strategy with better coordination between housing, benefits, education and so on. One group gave an example where a family was working with three different teams within a local council's social services department.
- More capacity within mental health teams.
- Considering models that involve family and friends such as Community Reinforcement and Family Training (CRAFT) and Social Behaviour and Network Therapy (SBNT).
- Providing services outside of 9 to 5.

- Making better use of Dewis Cymru to share information about third sector services.
- Health services and housing partners need to work collaboratively and ensure the best outcomes for people who use services and to influence the future strategic planning of accommodation, both supported housing and general needs in the community.

Welsh language

The consultation and engagement identified concerns that there may not be enough psychiatrists and psychologists who speak Welsh to provide a service that meet the needs of Welsh speakers in North Wales. This may affect people's ability to get an accurate diagnosis as well as to access services such as counselling. This is an area we need to investigate further.

[See Welsh language profile for more information](#)

Housing needs and homelessness

Housing support for people with mental health needs is largely funded through the Supporting People grant across North Wales and mental health services work in partnership with housing strategy teams and housing associations.

Consultation identified a shortage of suitable 'move on' accommodation, single person accommodation and emergency night time accommodation. The benefits system is causing difficulties for some people, including the 'bedroom tax'. Even where people are able to save for private rental accommodation there is a stigma by some not to take on tenants who are on benefits. There are concerns that accommodation offered is in flats in areas with high levels of anti-social behaviour and substance misuse which is really unhelpful for people coming out of hospital or who have substance misuse issues themselves. This also puts them at risk of exploitation. There can also be difficulty in finding accommodation for men in secondary mental health services due to the behaviours they can present.

Housing and mental health services are working collaboratively to improve access to appropriate housing for service users leaving acute settings and placements. Housing is a significant partner and more work is being undertaken to understand the roles for each agency and how we can work more effectively to produce the best outcomes.

There is a regional collaborative group working in this area, the Mental Health Rehab and Accommodation group who have considered both appropriate models for delivery and written a Commissioning Statement (2015) for the region. This group has representatives from all localities, BCUHB and third sector partners.

BCUHB has also created a Development Manager post for Supported Housing, who chairs the regional group and also works with acute settings, specialist services, rehabs and community services to ensure people in need of housing services are placed appropriately.

Homeless housing providers try to ensure equal access for mental health service users and enable those in need to also access health services and move on.

6.4 Review of services currently provided

Mental health services are provided through inpatient facilities and community mental health teams who support patients outside of the hospital environment. Local councils and the health board provide care and support for people with mental illnesses in the community. Residential care, day services and outreach teams are an important part of psychiatric care.

Prevention and well-being

Investing to increase access to early intervention mental health services could lead to considerable savings for other public services (Public Health Wales, 2016)

Public mental health focuses on the wider prevention of mental illness and the promotion of mental health for people of all ages. Cost effective interventions exist to both prevent mental illness and to promote wider population mental health (Royal College of Psychiatrists 2010).

Actions to promote mental wellbeing include promoting inclusion, belonging and connectedness, increasing individual resilience and developing life skills, building and supporting parenting skills, strengthening communities and improving wellbeing at work.

The “Five Ways to Wellbeing” is a set of evidence based public health messages aimed at improving the mental health and wellbeing of the whole population. The five actions people can take to improve their well-being are summarised as follows: *connect, be active, take notice, keep learning and give*. The messages underline the existence of mental health as a positive and desirable state and can be used in many different ways from supporting individuals to informing policy development. Mental Health First Aid and promotion of mental health literacy can help to counter mental illness, as well as support for self-help and self-management, for example, through Books on Prescription.

The OPUS programme is a European funded programme for people aged 25 and over that are economically inactive and long term unemployed. It supports people with a mental health problem, people with a learning disability, from a workless household, carers and people aged 54 and over.

The project supports people to get closer to work by offering a number of different options from 1 to 1 support; group support and flexible support to meet the needs of individuals. The funding will come to an end in August 2019.

Mental health services

In Anglesey the focus of services is around community mental health teams, with a comprehensive support work service including 1:1 support, group work, drop in and community based support. Third sector partners also provide a lot of support including Mind, Hafal (including support for mental health carers) and Agro Initiatives. The local council also provide supported accommodation.

Gwynedd support is provided through the Community Mental Health Team. Gwynedd Council provide Support Workers to work intensively with patients and to work within the recovery model. The Gwynedd team work closely with third sector partners in order to provide support (these include 3 Mental Health Resource Centres across the county, Hafal, Cais). Group work is provided through the teams and our third sector partners. The team works closely with the Home Treatment Team.

The provision in Conwy is similar in structure to that in Anglesey, with two co-located health and social care Community Mental Health Teams in the east and west of the county. The Third Sector provision is commissioned to support carers of those with mental health issues (Hafal) and a key new development entitled 'Recovery Compass', which offers a variety of interventions for individuals to navigate their way to appropriate points on their recovery journey with their own aspirations or destinations as their focus or outcome. The Compass is delivered by Aberconwy Mind and the future aim is for service users to transition from statutory services with a Wellness Recovery Action Plan (WRAP) and to extend the pathway of support into sustainable and service user focused support.

Denbighshire have two multi-disciplinary community mental health teams (CMHT) provided in partnership with health: Hafod based in Rhyl and Tim Dyffryn Clwyd based in Denbigh. Services are based on a four tier approach with the CMHT supporting tier 1 (assessments, information and advice for people who have been seen by their GP) and tier 2 (services for people considered to have a serious mental illness or disorder). Mental Health Services are focused on the Recovery Model to support service users to regain or improve their mental health and achieve a better quality of life.

In Flintshire support is provided through community mental health teams. The local council services include an Intensive Support Team, Community Living and Medium Support Team and Occupation and Support team (Flintshire County Council, 2016). Third sector partners also provide a lot of support including MIND, Hafal, KIM Inspire, AsNEw (advocacy service).

There is a good training partnership between the local council and third sector organisations to deliver training programme to people with mental health issues and their carers, which has been recognised as good practice and shared with other counties.

Wrexham's first point of contact for people in the community is through the mental health Single Point of Access. People then access either the Primary Care Team or Community Mental Health Team depending on the level and complexity of their needs. Both of the above teams are joint multidisciplinary teams between Adult Social Care and Betsi Cadwaladr University Health Board (BCUHB). People coming through treatment are supported by the Community Rehabilitation Team, a multidisciplinary BCUHB team. People needing support to move onto independent living in the community may access the Adult Social Care Recovery Service or the Hafal Recovery Housing; these are registered home care services providing support into independent accommodation or accommodation with a registered social landlord. This service is primarily funded by Supporting People, with joint funding also from Adult Social Care and BCUBH. Low level prevention and recovery service is provided from Advance Brighter Futures: lifestyle coaching, talking therapies and promoting awareness and resilience, and Hafal's Community Link Service. Support for Carers is commissioned from the Hafal Family and Carers Support Service.

Recovery model

The recovery model is about supporting personal recovery and a move away from a focus on treating illness (clinical recovery) towards promoting wellbeing (Slade, 2009). Personal recovery can be defined as:

A deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even within the limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness (Anthony, 1993).

This is an approach that local councils have been working towards. Consultation with staff highlighted it's similarities with a social model rather than a medical model which health services have struggled with. The principles of the Social Services and Well-being (Wales) Act is considered to be in line with the recovery model - being person centred, with an emphasis on direct payments and control, equal/coaching relationship between practitioner and patient.

Integrated health and social care teams work together to ensure individuals in service have care plans with recovery outcomes and clarity around individual responsibility and who can/will help to achieve goals towards independence.

Betsi Cadwaladr University Health Board

A fifth of the NHS expenditure for Wales is on mental health services. A large proportion of attendances to Emergency Departments and general admissions to hospital are related to mental health problems.

In 2013/14, there were almost 10,300 admissions to mental health facilities in BCUHB; just over 8,600 were informal admissions and around 1,690 were formal admissions (detained under a section of the Mental Health Act 1983). The number of admissions to mental health facilities is reducing.

6.5 Conclusion and recommendations

Key messages

- People in North Wales report slightly better mental health than in Wales as a whole
- The number of people with mental health problems is likely to increase
- The most common mental illnesses reported are anxiety and depression
- Research suggests a high number of people with mental health problems are not seeking help
- The number of admissions to mental health facilities is reducing
- The number of people with more complex needs is increasing
- People with mental health problems are more likely to have poor physical health

The numbers of patients seeking admission to hospital has increased across the region. Feedback from staff suggests the limited number of admissions may be due to bed pressures- influenced by Delayed Transfers Of Care (DTOC) and lack of appropriate placements, where needed. This has led to the use of acute beds outside North Wales, which is far from ideal for patients, their carer's and families.

Common principles shared by the local councils and the health board include service user and carer involvement and participation; community advocacy; carers support and role of learning and work opportunities in recovery; joint working between agencies.

There needs to be a clear pathway from acute services into community based services. There should be more work around the preventative agenda to prevent needs escalating to hospital and reduce demand on other public services. Examples include home support and wraparound services as well as interventions and policies to support parents and young children, lifestyle changes, improve workplaces, provide social support and environmental improvements that support communities (Public Health Wales, 2016). Joint working with the third sector and social enterprises could provide this.

Local councils and health need to manage increase in demand for services with reducing budgets.

Gaps in service / support

- Support for people with ASD was consistently highlighted as a gap in the consultation
- There's a gap in befriending opportunities (need to be empowering and not encourage dependency) to support people to access existing social activities.
- Poverty and welfare reform were highlighted as risks for service users, as the drive to get people back to work can cause additional stress for vulnerable people. This can be particularly difficult for younger people with housing benefit issues.
- There needs to be sufficient supply of accommodation to support people to step down from residential care to community resources.
- We need to develop public mental health in North Wales and promote mental well-being to prevent mental ill-health. Public mental health should form part of the Betsi Cadwaladr University Health Board mental health strategy.

Data development agenda / suggestions for future research

- Needs of vulnerable people without a diagnosis and best practice for providing support
- Investigate concerns raised about a lack of Welsh language provision in mental health services
- Find out more about the reasons for the reducing number of admissions to mental health facilities.

Our response

The next phase of the project will be to discuss the information in these reports and agree an approach to addressing the issues raised. This may include carrying out further research in an area, local or regional actions.

Equality and human rights issues

This chapter raises a number of issues on how risk factors for mental health needs disproportionately affect people from marginalised groups. These include many who share protected characteristics – for example, BAME groups; LGBTQ people; people with physical disability, sensory impairments or long term health conditions; refugees and asylum seekers.

The core protective factors that influence mental well-being include promotion of social inclusion. It is known that groups who share the protected characteristics are more likely to experience social exclusion and this will need to be factored into the assessments for individuals.

More information regarding care and support needs of these groups can be found in other chapters of this population assessment.

There may be other issues affecting groups of people who share protected characteristics which have not picked up by this assessment. We would welcome any further specific evidence which may help inform the final assessment. This could be addressed in future population assessment reviews, in the development of the area plan which will follow this assessment, or in the services developed or changed in response to the plan

Services for people with mental health needs must take a person-centred approach that takes into account the different needs of people with protected characteristics. The move towards the recovery model, which shifts the focus from treatment of illness towards promotion of well-being, should support the identification of and appropriate response to address barriers being experienced by individual.

Draft

Appendix 1: Summary of mental health legislation and policy

- Mental Health Act 1983: covers the assessment, treatment and rights of people with a mental health disorder.
- Mental Health (Wales) Measure. The Measure has 4 main parts:
 - part 1 of the Measure ensures more mental health services are available within primary care
 - part 2 makes sure all patients in secondary services have a Care and Treatment plan
 - part 3 enables all adults discharged from secondary services to refer themselves back to those services
 - part 4 supports every in-patient to have help from an independent mental health advocate if wanted.
- Together for Mental Health: A Strategy for Mental Health and Wellbeing in Wales (2012) The Welsh Government strategy and delivery plan which aims to work towards a single, seamless, comprehensive system for addressing all mental health needs irrespective of age. Its priority is to take the next step, closing gaps in provision where they exist, improving consistency of quality and making connections across government, recognising the links between mental health and housing, income, employment and education.
- Together for Mental Health: Delivery Plan: 2016-19
- Findings from the Wales Audit Office follow up review in Adult Mental Health Services 2011 included the recommendation 'Strengthen arrangements for involving service users in planning and managing their care'.
- Mental Capacity Act 2005

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Draft

7 Carers

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7.1 About this chapter

This chapter includes the population needs of all carers including young carers and young adult carers. Information about the different care and support needs of people being cared for can be found in the following chapters:

- Children and young people [\[Add link\]](#)
- Older people [\[Add link\]](#)
- Health, physical disabilities and sensory impairment [\[Add link\]](#)
- Learning disabilities and autism [\[Add link\]](#)
- Mental health [\[Add link\]](#)
- Violence against women, domestic abuse and sexual violence [\[Add link\]](#)
- Secure estate [\[Add link\]](#)
- Veterans [\[Add link\]](#)
- Homelessness [\[Add link\]](#)

Definitions

The Social Services & Well Being (Wales) Act 2014 defines a carer as “a person who provides or intends to provide care for an adult or child”.

The act goes on to state that “in general, professional carers who receive payment should not be regarded as carers for the purpose of the act, nor should people who provide care as voluntary work. However, a local authority can treat a person as a carer even if they would not otherwise be regarded as a carer if they consider that, in the context of the caring relationship, it would be appropriate to do so. A local authority can treat a person as a carer in cases where the caring relationship is not principally a commercial one.”

This definition includes carers of all ages.

Carers often do not see themselves as carers. They will describe themselves as a parent, husband, wife, partner, son, daughter, brother, sister, friend or neighbour, but not as a carer.

Some carers will describe themselves as carers, but not as people who have other roles in life – employee, employer, club or society member, student, household organiser and so on.

A *parent carer* is a parent or guardian who has additional duties and responsibilities towards his/her child because his/her child has an illness or disability. Parent carers will often see themselves as parents rather than carers,

but they may require additional services in order to meet or continue to meet the needs of their child.

How will the Social Services and Well-being (Wales) Act 2014 change things?

The act includes a broader definition of a carer (see above) and removes the requirement that carers must be providing a 'substantial amount of care on a regular basis'.

Carers now have the same rights as those they care for. Local councils have a new duty to offer an assessment to any carer where it appears to the local authority that a carer may have needs for support. If the local council determines that a carer's needs meet the eligibility criteria then they must consider what could be done to meet those needs. Previously, it was the responsibility of the carer to request an assessment.

A carer's needs meet eligibility criteria for support if:

- a) the need arises as a result of providing care for either an adult or child
- b) the carer cannot meet the need whether
 - alone
 - with the support of others who are willing to provide that support, or
 - with the assistance of services in the community to which the carer has access, and
- c) the carer is unlikely to achieve one or more of their personal outcomes which relate to the specified outcomes in part 3 of the act.

The local council may now carry out a joint assessments, where an assessment of the cared for person and the carer is carried out at the same time if both parties are willing and it would be beneficial to do so. This is good practice although there are concerns that the assessment of the carer may be compromised by focussing on what the carer can and can't do for the cared for person rather than looking at their desired outcomes in their own right.

The carer's element of the assessment needs to focus on 'what matters' to the carer and the carers needs in their own right, for example, their employment, education and training needs.

The local council must involve the carer in the assessment and include:

- The extent to which the carer is able and willing to provide the care and to continue to provide the care
- The outcomes the carer wishes to achieve

An assessment of a carer must also have regard to whether the carer wishes to work and whether they are participating or wish to participate in education, training, or leisure activities.

Carers will need to be very clear about what they can and can't do and any differences between their expectations and that of the person cared for. The people carrying out the assessments will need to be skilled in drawing out this information. The act says carers need to be asked what they can do, so this will need to be monitored to make sure it happens in practice and is included in the assessment. It is important that the individual feels that they are an equal partner in their relationship with professionals.

The act recognises that carers have a key role in the preventative service approach within a local authority area, and that carers themselves provide a form of preventative service.

The emphasis on the increased use of direct payments is a significant change for carers. Local councils now have to offer direct payments although taking them up is still the choice of the person. Direct payments enable individuals to purchase assistance or services that local councils would otherwise provide. They give individuals control providing an alternative to social care services provided by a local council. This helps to increase opportunities for independence, social inclusion and enhanced self-esteem.

The act sets out a new national 'eligibility framework' to determine whether or not a carer who has been assessed and who has support needs will meet the criteria for services [\[add link\]](#). Carers with eligible needs will have a support plan centred on outcomes they have identified themselves. It will also set out the support to help them achieve the outcomes identified. Support plans will be subject to regular reviews by local councils, and re-assessment of needs if their circumstances change (Care Council for Wales, 2016).

The Carers Measure helped to begin changing the culture of early identification and support of carers, particularly for the health board. There are concerns that the duties and obligations are more diluted in the new act. There is still more to be done to make sure health staff are identifying carers, in particular GPs and other primary health care staff (Betsi Cadwaladr University Health Board, 2015).

See [appendix x](#) for more detail on the new act and the Care Council for Wales, 'Getting in on the act' website for more information about carers and the act <http://www.ccwales.org.uk/learning-resources-1/carers-and-the-act/> .

See [appendix x](#) for more detail about the historic legislation, strategies and policies relating to carers.

Safeguarding

The stress of caring can create safeguarding issues both for the carer and the person cared for. There are times when carers experience abuse from the person to whom they are offering care and support or from the local community in which they live. Risk of harm to the supported person may also arise because of carer stress, tiredness, or lack of information, skills or support. Service providers need to carefully assess capacity to care in order to prevent risks arising and to ensure the carer is supported to maintain their wellbeing reducing emotional or physical stress factors.

The new act includes a new definition of 'child at risk' and 'adult at risk', a new duty for relevant partners to report children and adults at risk and duties for local councils to make enquiries (Care Council for Wales, 2015).

7.2 What do we know about the population

Around 73,000 people provide unpaid care in North Wales according to the 2011 census, which is about 11% of the population. This is slightly lower than the all Wales figure of 12% and slightly higher than the England and Wales figure of 10%.

The number of carers in North Wales is increasing, particularly in north-west Wales

There were 6,000 more carers in North Wales in 2011 than in the 2001 census, which is an 8% increase. Overall, more women provide unpaid care than men: 57% of carers in North Wales are women, and 42% are men, which is similar to the proportion across Wales and in each local council area. This difference has narrowed slightly since the 2001 census by one percentage point due to a greater increase in the numbers of men providing unpaid care.

Table 7.1 shows that Flintshire has the highest total number of carers in North Wales and Anglesey the lowest, which reflects overall population numbers.

Table 7.1 Number of carers in North Wales by local authority, 2001 and 2011

| | April 2001 | April 2011 | % increase |
|--------------|------------|------------|------------|
| Anglesey | 7,200 | 8,000 | 11 |
| Gwynedd | 11,000 | 12,000 | 11 |
| Conwy CB | 12,000 | 14,000 | 11 |
| Denbighshire | 11,000 | 12,000 | 9 |
| Flintshire | 16,000 | 18,000 | 7 |
| Wrexham | 15,000 | 15,000 | 2 |
| North Wales | 73,000 | 79,000 | 8 |

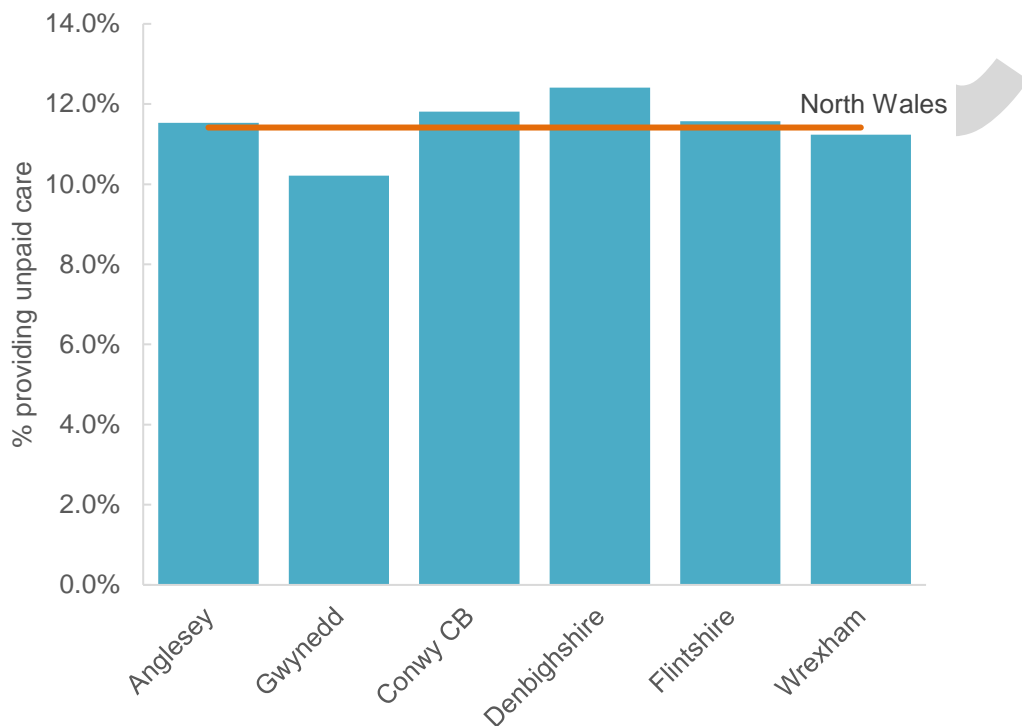
Numbers have been rounded so may not sum

Source: Census

The increase in need for social care identified in the other chapters of this population assessment report is likely to lead to greater numbers of people providing unpaid care and providing care for longer. Changes in working patterns and the increasing retirement age may reduce the capacity of people to provide unpaid care. People moving to the area to retire may also have moved away from the family and social networks that could have provided support.

Figure 7.1 shows the number of carers as a proportion of the total population in the county: Denbighshire has the highest proportion providing unpaid care while Gwynedd has the lowest. Although Flintshire has the highest total number of carers, this is not much higher than the average in North Wales as a proportion of the population.

Figure 7.1 Percentage of total population who provide unpaid care, 2011



Source: Census

People aged 50 to 64 are the most likely to provide unpaid care

In North Wales around 20% of people aged 50 to 64 provide unpaid care compared to 11% of the population in total. Generally speaking the proportion of people providing unpaid care increases with age until the 65 and over age group. In the 65 and over age group 14% of people provide unpaid care, which is the same proportion as in the 35 to 49 age group. These proportions follow a similar pattern in each local authority.

Table 7.2 Number of carers in North Wales by age and local authority, 2011

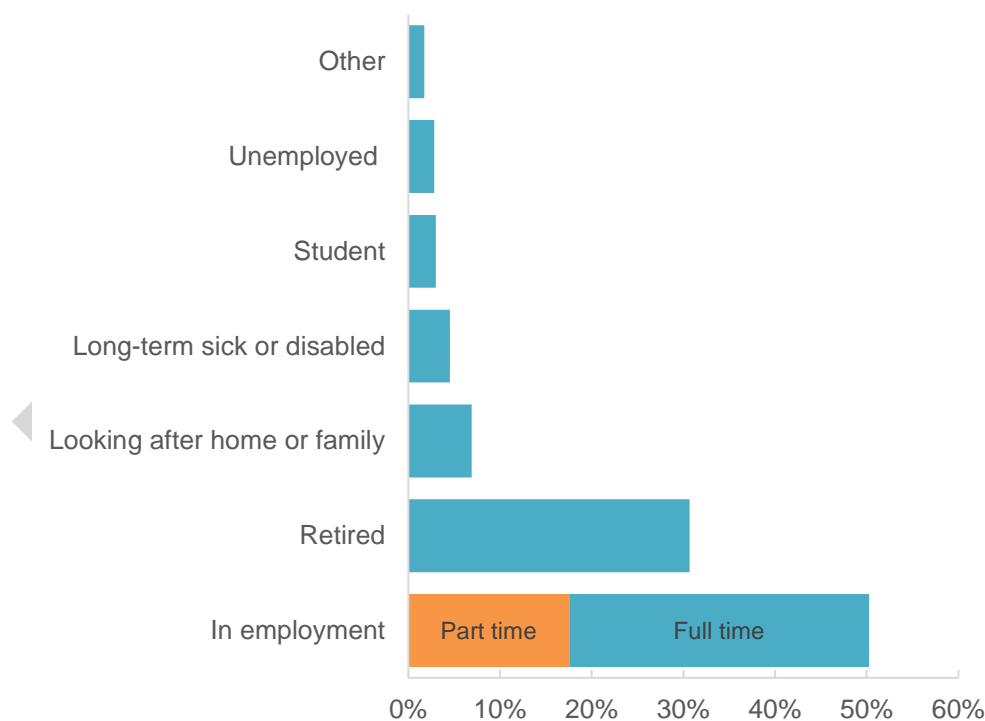
| | Age | | | | | |
|--------------|---------|----------|----------|----------|----------|-------------|
| | 0 to 15 | 16 to 24 | 25 to 34 | 35 to 49 | 50 to 64 | 65 and over |
| Anglesey | 140 | 360 | 520 | 1,800 | 3,000 | 2,200 |
| Gwynedd | 250 | 620 | 780 | 3,000 | 4,500 | 3,300 |
| Conwy CB | 260 | 550 | 750 | 3,200 | 4,800 | 4,100 |
| Denbighshire | 260 | 640 | 740 | 2,800 | 4,100 | 3,100 |
| Flintshire | 340 | 920 | 1,200 | 4,500 | 6,600 | 4,100 |
| Wrexham | 290 | 860 | 1,300 | 4,000 | 5,400 | 3,200 |
| North Wales | 1,500 | 4,000 | 5,300 | 19,000 | 28,000 | 20,000 |

Numbers have been rounded so may not sum
Source: Census

Half of all carers in North Wales are in employment

The majority of the 50% of carers who are in employment work full time as shown in Figure 7.2 below. Around 30% of carers are retired.

Figure 7.2 Percentage of carers in North Wales aged 16 and over by economic activity, 2011



Source: Census

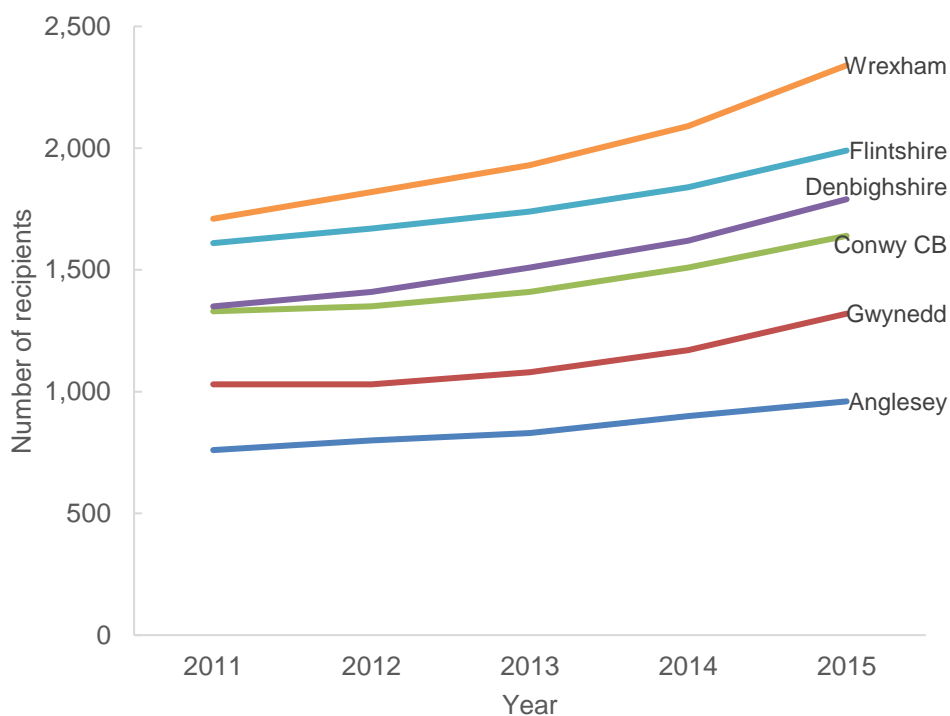
Of the 39,000 carers in employment across North Wales, 5,800 provide more than 50 hours of care each week and 1,600 work full-time and provide more than 50 hours or more of care a week. There are 3,500 carers in north Wales who describe themselves as having a long-term illness or disability, of which 1,500 provide 50 or more hours of care a week. For carers in employment, the support of their employer and colleagues is vital to helping them continue their caring role. This is important to consider when planning services, particularly

with the focus in the new act on supporting carers to continue in employment if they want to.

Carers' allowance

In 2015, there were 10,000 people in North Wales claiming carers' allowance. This number is much lower than the estimated 73,000 who provide unpaid care. However, this allowance is only available for those under pension age, there is pension credit element for carers. It also will not be available to the majority of people in employment who make up about 50% of carers. The increase in the numbers claiming is probably due to a combination of an increase in the total number of carers and better awareness of the allowance. These numbers still suggest that there is an issue of carers not claiming the benefits they are entitled to and highlights the importance of welfare rights services for carers.

Figure 7.3 Number of people receiving carers allowance in North Wales, 2011 to 2015



Housing and homelessness

Housing is an important part of carers' wellbeing and housing services are a key partner when supporting carers. Carers may face housing issues such as fuel poverty due to a low income, for example, if they have had to give up work. Housing that is not suitable or needs adaptations can make caring more difficult and it can be more difficult for people living in rented property to make adaptations.

Carers can be concerned that they will be made homeless if the person they care for dies or goes into residential accommodation.

Performance measures and carers assessments

Data is available on the number of carers' assessments that took place across North Wales. We have not included it here as it gave a misleading picture as the numbers were counted differently in each county. It was also based on the assessment of the person 'cared for' so excluded assessments of carers who had self-referred. A consistent approach to assessments and data recording is needed.

New information about carers will begin to be collected by local councils during 2016-17 and should be available for the next population assessment or interim review. This includes an annual survey of carers to be undertaken by local authorities that will find out the number of:

- Carers reporting they feel supported to continue in their caring role
- Carers reporting they felt involved in designing the care and support plan for the person that they care for (Welsh Government, 2015)

Other data that will be collected are:

- Number of assessments of need for support for carers undertaken during the year and of those how many led to a support plan
- Number of carer assessments that were refused by carers during the year
- Number of requests for review of care and support plans and support plans for carers before agreed timescales made by an adult during the year and of those how many were undertaken
- Number of adults who paid the maximum weekly charge towards the cost of care and support or support for carers during the year
- Number of adults who paid a flat rate charge for care and support or support for carers during the year

7.3 What are people telling us?

The main findings from engagement activities carried out for the population assessment and from previous consultation carried out by each local council and health are listed below. For more information please see [appendix x](#).

How to support the carer by better meeting the needs of the cared-for person

- Equipment and adaptations and assistive technology can provide a very valuable services. Issues can include training needs and waiting lists.
- Respite, including short-term breaks
- Continuing Health Care (CHC) assessments to include short term breaks for cares
- More activities for people cared-for, particularly individuals with dementia
- Good quality reliable support for cared-for
- Support when carer is ill, both in emergency and planned treatment
- Reliable hospital transport that includes transport for carer. Carers need equal access to transport even when the cared for person is not with them to enable them to collect prescriptions for example.
- Health and social care workers – having workers that can help with medication as well as personal care

Support specifically for carers

- Accessible information and advice (preferably in one place)
- Local information surgeries, hubs, talking points and drop-in services
- Advocacy for the carer
- One to one support for the carer, such as a listening ear and telephone support 24 hours a day
- Socialising and carer groups in local community
- Access to leisure activities
- Volunteering opportunities
- Education, skills and employment
- Recognition and respect, consultation as partners in care, including when a person enters long-term care
- Better communication between all parties included in providing support for carers and the cared-for

- Third sector support – carers really value the range of support provided by third sector organisations
- Support for the carer when their caring role comes to an end, including employment, benefit and housing issues

The consultation also identified the following gaps in services:

- Lack of transport in rural areas
- Lack of services in rural areas, including paid home carers
- Inability in some areas to make appointments with known/named doctor, which is needed for consistency, particularly for people with mental health needs or dementia
- Lack of awareness among primary care staff about carers, their importance and needs
- Insufficient counselling services for carers whose mental health is affected by their caring role; this is particularly important due to the impact and stress of caring role
- Insufficient range, availability and flexibility of respite and short breaks for carers
- Gap in support for carers of people with substance misuse issues
- Long-term, sustainable funding for carer support projects

Other feedback included negative effect of caring on health; caring is easier when there is good support from family and friends (although some carers seem to think that family cannot/should not have to support because they have their own lives to lead); wide variation between carers who feel well supported and carers who say they have no support. Many carers, unless given prompts, failed to see how their local community does/could help.

Need for services through the medium of Welsh

Consultation and engagement highlighted the importance of care and support services being available in Welsh. Services should ensure Welsh language services are built into service planning and delivery and that services are offered in Welsh to Welsh speakers without them having to request it as required by the 'active offer'. The other chapters of the population assessment highlight where these needs are not being met for people receiving care and support and a Welsh language profile of the population is included in the introduction [\[add links\]](#).

Consultation and engagement is needed to highlight specific areas of need for Welsh language provision for carers, for example, our consultation highlighted the need for a Welsh language carers support group in Meirionnydd, which is being addressed and will be provided by the third sector.

7.4 Review of services currently provided

Historically, much of the support that carers need can be provided through a statutory assessment of the cared for person. With the introduction of the new act, the provision of information, advice and assistance or preventative and rehabilitative services for the cared for person must be considered. This assessment, and the care and support plan will focus on outcomes to be achieved and innovative ways to achieve them such as attendance at local groups providing day time opportunities – however, if there is no other way, then services such as domiciliary care will be provided by social services. In addition, the provision of respite services in the form of short term care in a residential setting, and sitting services can be delivered to the cared for person to provide carers with a break from the caring role. **All of these services can provide carers with support and breaks away from the caring role.**

In addition, however, a wide range of support for carers in North Wales is grant funded or commissioned to third sector organisations who have a long and valued history of supporting carers. These include preventative services that can support carers throughout their caring journey, and commissioned services that meet statutory obligations such as carers' needs assessments.

Local council and health board grants can either partially or wholly fund carers' services, and in some cases the funding contributes to core costs. Some third sector services receive funding from both local councils and Betsi Cadwaladr University Health Board (BCUHB) although not necessarily under a single contract. The WCD Young Carers service (serving Wrexham, Conwy, Denbighshire) is a good example of collaborative working leading to a regional commissioning approach along with BCUHB to support carers.

It must also be recognised that the third sector can effectively draw in external funding to develop carers services to provide added value to service provision.

The following are examples of the type of services that are provided to carers across North Wales, which vary across the region. It must be noted that while some of these services are generic, others are specialist services, for example, providing support for carers of individuals with dementia or mental health conditions. The list also includes services that raise awareness of carers issues:

- Information, advice & assistance
- Dedicated carers needs assessors (in-house & commissioned out)
- One to one support
- Listening ear / emotional support
- Counselling
- Carer support officers – acute hospitals
- Support groups/forums/cafes

- Primary care officers – raising awareness with GP practices
- Training for carers, for example, dementia, first aid, moving & positioning, relaxation, goal setting
- Training for staff – to raise awareness of carers issues and support available
- Direct payments / support budgets / one-off grants
- Support to access life-long learning, employment, volunteering opportunities
- Support and activities for young carers and young adult carers

Short term breaks: local councils and BCUHB also invest significantly in carers' services that provide short term breaks in the form of sitting service or replacement care. Although these are services delivered to the cared for person, they are regarded as carers' service. The contractual arrangements and criteria for these services varies across the region but they are all currently non-chargeable services to the carers. Some third sector organisations also draw in external funding for these types of services.

The appointment of a regional post to map the full range of services available to carers in North Wales has been agreed by the North Wales Regional Partnership Board.

The All Wales Citizen Portal, DEWIS, provides social care and well-being information including services and support for carers <https://www.dewis.wales/>.

7.5 Young carers

Welsh Government define young carers as carers who are under the age of 18. The Code of Practice for Part 3 defines young adult carers as being aged 16-25.

Local councils are required to offer a carer's assessment to any carer with a presenting need. Annex A of the Code of Practice includes a range of examples that relate to young carers including:

- The child is unlikely to achieve development goals
- The individual is/will be unable to access and engage in work, training, education, volunteering or recreational activities.

In assessing, the council must have regard to the importance of promoting the upbringing of the child by the child's family, in so far as doing so is consistent with promoting the well-being of the child.

Where the carer is a child the council must have regard to his or her developmental needs and the extent to which it is appropriate for the child to provide the care. This should lead to consideration by the council of whether a child carer is actually a child with care and support needs in his or her own right.

What do we know about the population?

The identified number of young carers in North Wales has grown in the last few years due to an increase in referrals through successful awareness raising and positive relationships with partner agencies.

At time of writing 1,096 young carers are being supported across North Wales (November 2016) as shown in Table 7.3. The 2011 census identified 1,500 young carers aged 0 to 15 and 4,000 aged 16 to 24 in North Wales.

Table 7.3 Young carers open caseload, North Wales, November 2016

| | Number of young carers |
|--------------|------------------------|
| Anglesey | 80 |
| Gwynedd | 157 |
| Conwy | 223 |
| Denbighshire | 174 |
| Flintshire | 265 |
| Wrexham | 197 |
| North Wales | 1096 |

Source: Young carers service providers (Action for Children, Barnardos)

Carers Trust Wales highlight the following issues facing young carers.

- There are an estimated 29,000 carers under the age of 25 in Wales, 17,500 over the age of 18, although research suggests this number may be significantly higher. Wales has the highest proportion of young adult carers out of the whole of the UK.
- UK-wide research (Nottingham University and Carers Trust) clearly found that young adult carers are a group that are under-identified and under-supported.
- Young carers on average achieve 9 grades lower at GCSE.
- Young adult carers miss or cut short on average 48 days of school each year (nearly 5 weeks).
- Young adult carers are four times more likely to drop out of higher education.
- One in four young carers said they were bullied as a result of their caring role.

Review of services provided

Specific support for young carers and young adult carers has been commissioned across North Wales from the third sector. WCD/Credu Young Carers is commissioned to provide these services in Wrexham, Denbighshire and Conwy, Barnardos provide the service in Flintshire and Action for Children provide the service across Gwynedd and Ynys Mon. In Anglesey, Carers Trust provide services for Young Adult Carers.

These organisations all provide similar levels of support including information and advice, social activities and events, support with personal resilience and wellbeing, transport, counselling, advocacy and liaison with school, college, social services or health professionals. These services do not intervene directly to address the needs of the person being cared for by the young person, but are there to mitigate the impact of the caring role on the young person.

The most common needs of young carers identified by these service providers are: the need for respite and opportunities to socialise (giving them time to be a child); building resilience, emotional wellbeing and self-esteem; need for peer support networks with other young carers who understand; support with education and learning; and, advocacy support to have their voices heard.

The majority of referrals come from social services, specialist children's services, Families First and educational welfare officers on behalf of the schools. North West Wales have seen an increase in referrals from the health service, mainly from school nurses, health visitors and consultants in the past two years following a pilot project aiming to improve the health and emotional wellbeing of young carers.

Emerging trends

All providers report a significant increase in young carers requiring 1 to 1 support which is having a significant impact on available resources. Several causes for the heightened need have been identified including: waiting lists for counselling/emotional support for children; an increase in the presentation of self-harming behaviour; and, an increase in children and young people coming to the service who have been diagnosed with ADHD/Autism and other significant behavioural problems.

Housing and homelessness

Young carers may feel insecure about their housing as they are not able to receive benefits or take on responsibility for paying council tax themselves.

Safeguarding

There can be a number of factors for young carers that mean safeguarding issues can arise. Young carers are often difficult to identify and this can mean their needs only come to light when there is a crisis. The extent of the child's caring role and the impact that it has on their own development can be a safeguarding concern in itself, which is why it is vital that services quickly recognise and fully assess their needs to ensure the right support is in place at the right time.

Young carers are vulnerable to the impact of caring on their emotional and physical development, education and social networks and friendship (Becker *et al.*, 2000). Very young carers, those under the age of eight, are at particular risk and have been excluded from some young carers' assessments and services in the past on the grounds that a child under eight shouldn't have any caring responsibilities. Commissioners need to make sure there is support in place for these young people whether through young carers' services or other services for vulnerable children.

There may also be differences of view between children and parents about what constitute appropriate levels of care and parents can sometimes be reluctant to engage with services because of negative perceptions or fears relating to the action social services may take.

Young adult carers equally face safeguarding issues similar to young carers. The caring role can place a significant strain on young people, which can impact on their educational attainment, accesses to training and employment and their general health and wellbeing.

Being a young carer does not mean that a child or young person is automatically in need of protection. However, it highlights that services must put preventative processes in place to ensure families do not find themselves in crisis, resulting in child protection procedures being triggered.

What have young carers told us?

Findings from the consultation and engagement with young carers.

Areas young carers found challenging were: concentrating, communicating, being confident and making friends (possibly because of their caring role). Their needs were as follows.

- To be valued and supported by teachers to succeed academically;
- Advocacy when dealing with professionals, who may not listen to young carers, particularly younger ones.
- Counselling services and support with their own health needs.
- Problems making GP appointments.
- Lack of awareness and respect by some professionals, particularly in health.
- Accessible user friendly information either online or one to one without using jargon.
- Be recognised, supported and listened to by friends, family and professionals in all fields.
- Places to go to make friends and have fun.

Findings from consultation and engagement regarding young adult carers found specific needs for respite care and practical support, information and 1-1 support. Some carers use respite support to enable them to go out as a family, without one member of the family having to stay behind to care for the cared-for. Others prefer practical support with household chores so the young adult carer does not have so much to do when they get home from college, freeing up time to study. Feelings of isolation, sometimes due to issues with transport can also be a problem for some young adult carers.

Review of services provided

In the main services for young carers are commissioned to support children aged over 8 years old as it is believed that a child under this age performing a caring role indicated a higher level of need and in these cases the family should receive intervention and support from social services. However WCD/Credu Young Carers have secured additional grant money from the BBC Children in Need to provide bespoke support of young carers under the age of eight.

Further clarity is needed to develop our understanding of the scope of support that young carers are providing across North Wales. While the majority of referrals relate to a young person supporting a family member who suffers from a disability or long-term illness an increasing number of referrals highlight that their caring role relates to a parent or parents with a substance misuse problem.

More work is needed to explore the range of need within the young carers' population in North Wales. Each services delivers a tiered level of support based on an assessment, although this is not standardised across the three providers and the numbers of children supported at each tier is unclear. The emerging trends which have been raised need to be explored to clarify the prevalence of each issues to inform future service development and commissioning plans.

The feedback from service providers indicated there is a gap in provision for young adult carers and young carers under the age of 8. The needs and experiences of these cohorts of young carers are very different to young carers (aged 8-16) and require a different level of support.

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7.6 Conclusion and recommendations

Carers provide a crucial role in the provision of care and support and provide a preventative service themselves. It is estimated carers provide between 70% and 95% of care, saving £7.72 billion every year in Wales (Yeandle and Buckner, 2015; Welsh Government, 2016). Every caring situation is unique.

Main findings

- The number of carers in North Wales is increasing, particularly in north-west Wales.
- People aged 50 to 64 are the most likely to provide unpaid care.
- Half of all carers in North Wales are in employment: for carers in employment the support of their employer and colleagues is vital to helping them continue in their caring role.
- The increase in need for social care identified in other chapters of the population assessment report is likely to lead to greater numbers of people providing unpaid care and providing care for longer.
- There are over 1,000 young carers identified across North Wales, which is an increase over the past few years.

Gaps in support and recommendations

There is a challenge to services in the current economic climate with services being cut both for carers and for the people they care-for. Much of the support for carers, particularly from the third sector, relies on short-term funding and there are risks to the sustainability of this support.

There is feedback that respite/short-break provision is reducing as well as issues around how far ahead it needs to be planned which means it's difficult for carers to make last minute plans. We need to re-think how we provide services to achieve the best outcomes for carers and the person cared-for in this climate.

Support in acute hospitals is inconsistent – there is a carers' support officer in the West and East regions of North Wales hosted by the third sector, but no provision in the central area. In this, and other areas we need to consider how to provide more consistency across the region.

There is an increasing need for 1 to 1 support for young carers as well as support for young carers under age 8.

In addition to the examples above, the consultation highlighted the need for better support for carers by better meeting the needs of the cared-for person as well as providing support specifically for carers. It highlighted gaps around transport, services in rural areas, awareness of primary care staff, counselling services for carers and support for substance misuse carers. The review of

services highlighted that there is provision in North Wales to meet many of these needs although this provision is not consistent across the region.

The appointment of a regional post to map the full range of services available to carers in North Wales has been agreed by the North Wales Regional Partnership Board. The scoping exercise is likely to identify further gaps and inconsistencies across North Wales and highlight priorities for joint working. There is a regional carers' operational group who will be looking at opportunities for regional working arising from this population assessment.

Equality and human rights issues

This chapter recognises that while carers and young carers are not formally identified as having protected characteristics that carers can be disproportionately impacted as a result of their caring role and in many instances face substantial economic and social disadvantages. For young carers and adult young adult carers this can lead to impacts on their own development and life opportunities.

This chapter highlights that carers can have protected characteristics and identifies data that indicates disproportionate impacts with regard to age and gender. The chapter also has a specific section looking at the needs of young carers and young adult carers.

There are other protected characteristic groups that may be affected due to the nature of their caring role. The equalities impact assessment on this population assessment reflects on further considerations and impacts. Issues affecting people with the protected characteristics may not be picked up by this assessment but could be addressed in future population assessment reviews, in the development of the area plan or in the services developed or changed in response to the plan.

Services for carers must take a person-centred approach that takes into account the different needs of people with protected characteristics and this will be a continued approach during the development of future implementation plans and play a key role on the development of services.

We would welcome any further specific evidence which may help to inform the assessment.

Next steps for the population assessment and area plan

- Find out about the effectiveness of services provided to carers, improve project evaluation and look at what can be replicated across the region to provide more consistent support even with local variations.

- Consider how we capture outcomes and systems to capture unmet need, for example, Gwynedd Council and Denbighshire County Council are piloting using 'what matters' conversations with carers.
- Map carers' services across North Wales, including the availability of provision through the medium of Welsh.
- Share the findings from the population assessment and area plan with Welsh Government to inform the development of the All Wales Strategy for Carers.

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Appendix 1: Historic carers legislation

The Social Services and Well-being (Wales) Act 2014 repeals the majority of existing community care legislation including:

- The Carers (Recognition and Services) Act 1995
- The Carers and Disabled Children Act 2000
- The Carers (Equal Opportunities) Act 2004
- The Carers Strategies (Wales) Measure 2010

A1.1 Carers Strategies (Wales) Measure 2010

“The purpose of this Measure is to enable the National Assembly to legislate to introduce a new requirement on the NHS and Local Authorities in Wales (“the relevant authorities”) to work in partnership to prepare, publish and implement a joint strategy in relation to carers.

<http://www.assemblywales.org/bus-home/bus-legislation/bus-legislation/buslegislation/meas-cs.htm> <http://www.assemblywales.org/bus-home/bus-business-fourth-assembly-laiddocs.htm>

<http://www.legislation.gov.uk/wsi>

A1.2 Carers (Recognition and Services) Act 1995

This was the first piece of legislation that gave rights to carers of all ages who provided regular and substantial care. This contains the core statutory responsibilities and requires local authorities to carry out an assessment of a carer’s ability to provide and continue to provide care, if the carer requests this, at the time of the assessment of the person they care for.

<http://www.legislation.gov.uk/ukpga/1995/12/contents>

A1.3 Carers and Disabled Children Act 2000

This Act gave Carers a right to ask for an assessment even when the person they were caring for refused an assessment. It also gave Local Authorities the power to provide services directly to Carers and to provide Direct Payments to Carers.

<http://www.legislation.gov.uk/ukpga/2000/16/contents>

A1.4 Community Care (Delayed Discharges) Act 2000

It states that when a carer asks for an assessment, Social Services in consultation with their partners in the NHS, must determine what service it will provide for the Carer when the cared for is ready for discharge.

<http://www.legislation.gov.uk/ukpga/2003/5/contents>

A1.5 Carers (Equal Opportunities) Act 2004

This placed a duty on Local Authorities to inform Carers of their right to a Carers assessment. It also ensured that Carers leisure, lifelong learning and employment opportunities be taken into account when carrying out an assessment. It gave Local Authorities the power to enlist the help of Housing, Education and Health in providing support to Carers.

<http://www.legislation.gov.uk/ukpga/2004/15/contents>

A1.6 Children Act 1989

Young Carers can be identified as a 'child in need'.

<http://www.legislation.gov.uk/ukpga/1989/41/contents>

A1.7 Children and Young Persons Act 2008

This requires local authorities to make adequate arrangements for short break provision for Disabled Children.

<http://www.legislation.gov.uk/ukpga/2008/23/contents>

A1.8 Disabled Persons (Services, Consultation and Representation) Act 1986

This requires local authorities to have regard to the ability of the carer to provide or continue to provide care when deciding what services to provide to the disabled person.

<http://www.legislation.gov.uk/ukpga/1986/33>

A1.9 Education Act 2002, Section 175

Section 175 concerns the duties of Local Education Authorities and governing bodies in relation to the welfare of children

<http://www.legislation.gov.uk/ukpga/2002/32/contents>

A1.10 For each of the detaining Sections of the **Mental Health Act 1983** there are duties placed on Hospital Managers (and sometimes others) to provide written and oral information to patients (and in some cases their nearest relative, which may not be the same person as the carer incidentally). To support Hospital Managers to meet their duties, the Welsh Government have developed a series of leaflets. All are available (in English and in Welsh) at:

<http://www.wales.nhs.uk/sites3/page.cfm?orgid=816&pid=33957>

A1.11 Rights of Children and Young Persons (Wales) Measure 2011

The purpose of this Measure is to impose a duty upon the Welsh Ministers and the First Minister to have due regard to the rights and obligations in the United Nations Convention on the Rights of the Child (UNCRC) and its Optional Protocols, when making decisions of a strategic nature about how to exercise functions which are exercisable by them

<http://www.assemblywales.org/bus-home/bus-legislation/bus-legmeasures/businesslegislationmeasures/rightsofchildren.htm>

A1.12 Mental Health (Wales) Measure 2010

Part 2 of the Mental Health (Wales) Measure places statutory duties on mental health service providers in Wales (LHBs and local authorities) to ensure that all patients in secondary mental health services have a care and treatment plan of a prescribed type, which is developed and reviewed, in partnership with the patient, by a care coordinator. Regulations made under this Part of the Measure require care coordinators to consult with certain other persons (including the patient's carer(s) in developing and reviewing care and treatment plans, and that certain persons (again, including the patient's carer(s)) should be provided with a copy of the plan, or relevant parts of the plan. The care coordinator has some discretion as to whether carers should be consulted and receive copies where the patient has not given their consent, against the patient's wishes.

In addition, this legislation enables carer(s) to request a review of the patient's care and treatment plan if they believe that this is necessary (although the care coordinator has some discretion as to whether a review is conducted following such a request).

The Mental Health (Wales) Measure also places statutory duties on mental health service providers to make certain information available to patients in writing when they are discharged from secondary mental health services (including the reason for their discharge, and the actions to be taken in the event that the individual's mental health should deteriorate at some point in the future). Chapter 7 of the Draft Code of Practice which has been issued by the Welsh Government to support this Part of the mental Health (Wales) Measure states that service providers should consider providing this information to the individual's carer if it is believed that this would be appropriate and the individual is in agreement.

For further information on the requirements of this legislation, see the Welsh Government's Mental Health web pages:

<http://wales.gov.uk/topics/health/nhswales/healthservice/mentalhealthservices/?lang=en>

A1.13 The United Nations Convention on the Rights of the Child (UNCRC)

The Articles of particular relevance to Children as Young Carers are:

Article 3 In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.

Article 12 States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

Article 13 The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice.

Article 15 States Parties recognize the rights of the child to freedom of association and to freedom of peaceful assembly.

Article 19 States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

Article 28 States Parties recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity

Article 31 States Parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts.

Article 36 States Parties shall protect the child against all other forms of exploitation prejudicial to any aspect of the child's welfare.

<http://wales.gov.uk/topics/childrenyoungpeople/publications/uncrcarticles/?lang=en>

A1.14 Work and Families Act 2006

This came into force in Wales in April 2007. It requires employers to consider requests from people with caring responsibilities to work flexibly.

<http://www.legislation.gov.uk/ukpga/2006/18/contents>

Appendix 2: Consultation and engagement

The consultation and engagement activities included in the summary were:

- Feedback from organisation survey carried out for the population assessment (see [appendix x](#))
- Carers reference group consultation event (29 June 2016)
- Young carers event report (30 January 2016)
- Young carers consultation (carried out to inform the Conwy, Denbighshire, Wrexham joint contract)
- Flintshire County Council Carers Event (19 October 2015)
- Carers Partnership Board - a consultation with carers in Anglesey

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8 Violence against women, domestic abuse and sexual violence

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8.1 About this chapter

Violence against women, domestic abuse and sexual violence can include physical, sexual and emotional abuse, and occurs within all kinds of intimate relationships, including same sex relationships. Domestic abuse affects people of all ages and backgrounds and individuals who have experienced domestic abuse have a significantly higher risk of suffering with mental health disorders, drug and alcohol dependency and of becoming homeless. People who have care and support needs are disproportionately affected by domestic abuse and sexual violence. More information about the care and support needs of people in North Wales and the support needs of carers can be found in the following chapters. Each chapter includes a section on safeguarding.

- Children and young people [\[Add link\]](#)
- Older people [\[Add link\]](#)
- Health, physical disabilities and sensory impairment [\[Add link\]](#)
- Learning disabilities and autism [\[Add link\]](#)
- Mental health [\[Add link\]](#)
- Carers [\[Add link\]](#)
- Secure estate [\[Add link\]](#)
- Veterans [\[Add link\]](#)
- Homelessness [\[Add link\]](#)

Definitions

There are a number of national and internationally recognised definitions of violence against women, domestic abuse and sexual violence (VAWDASV).

The UK Government definition of domestic violence and abuse is:

'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial

- Emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

The Government definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

It has been widely understood for some time that coercive control is a core part of domestic abuse. As such the extension does not represent a fundamental change in the definition. However it does highlight the importance of recognising coercive control as a complex pattern of overlapping and repeated abuse perpetrated within a context of power and control.

Without the inclusion of coercive control in the definition of domestic abuse, there may be occasions where domestic violence and abuse could be regarded as isolated incidents. As a result, it may be unclear to victims what counts as domestic abuse – for example, it may be thought to include physical violence only. We know that the first incident reported to the police or other agencies is rarely the first incident to occur; often people have been subject to violence and abuse on multiple occasions before they seek help' (Home Office, 2013).

The coercive or controlling behaviour offence came into force in December 2015 and carries a maximum 5 years' imprisonment, a fine or both. Victims who experience coercive and controlling behaviour that stops short of serious physical violence, but amounts to extreme psychological and emotional abuse, can bring their perpetrators to justice. The offence closed the gap in the law around patterns of controlling or coercive behaviour that occurs during a relationship between intimate partners, former partners who still live together or family members.

Victims of domestic violence are more likely to experience repeat victimisation than victims of any other types of crime (Office for National Statistics, 2016). Targeting and grooming of victims is commonplace and long after the victim has terminated the relationship, they may continue to be stalked or harassed by the

perpetrator. Part of this ongoing abuse can include abusive fathers demanding increased access to their children, so the mother spends much of her time in Court or in advocacy.

Sexual violence means rape and sexual assault, sexual abuse, sexual exploitation, sexual harassment, grooming, or threats of violence of a sexual nature (The Survivors Trust Cymru, 2014).

Safeguarding

It has long been recognised that domestic abuse is a child protection matter if children live in the family or household in which domestic abuse is happening. The definition of 'harm' in the Children's Act was extended to include exposure to witnessing the mistreatment of another, by virtue of S120 of the Adoption and Children Act. Around 18% of 11 to 17 year olds have been exposed to domestic abuse between adults in the home (Radford *et al.*, 2011) and domestic abuse was identified as a risk factor in 54% of serious case reviews undertaken between 2011 and 2014 in England (Sidebotham *et al.*, 2016).

More recently, the relationship between the prevalence of domestic violence and abuse and adult safeguarding has been recognised. Community Care (2013) expressed concerns about the application of social service interventions to domestic abuse situations, which risk the primary issue being neglected and unaddressed. Research suggests that women and men with a long-term illness or disability are almost twice as likely to fall victim to sexual offences (Office for National Statistics, 2014). Other research suggests that domestic violence and abuse may be more complex where a disability is involved, or the onset of disability itself may serve to initiate abusive behaviour or worsen existing violence and abuse (Casteel, 2008).

Making the connections between safeguarding and domestic abuse can be challenging when working directly or indirectly with people who have care and support needs and whose circumstances already make them vulnerable.

A considerable proportion of safeguarding children and adults work relates to the abuse or neglect of people with care and support needs who are living in their own homes. Domestic violence is perhaps most commonly thought of as violence between intimate partners, but it can take many other forms and be perpetrated by a range of people. Much safeguarding is therefore also related to domestic abuse.

Making the links between adult safeguarding and domestic abuse

Research shows that a significant proportion of people who need safeguarding support do so because they are experiencing domestic abuse (Local Government Association). Despite the clear overlap between work to support

people experiencing domestic abuse and safeguarding adults work, the two have developed as separate professional fields. Clear strategic and practice links need to be made between the approaches.

Making the links between children's safeguarding and domestic abuse

There is also a strong, evidence-based link between domestic abuse and child abuse. Exposure to domestic violence and abuse is always abusive to children, although the impact on them may vary.

Research suggests that 62% of children exposed to domestic violence and abuse are also directly harmed due to physical or emotional abuse or neglect (Co-ordinated action against domestic abuse (caada), 2014). Almost all of those who are physically abused are abused by the perpetrator of the domestic abuse. There is also increasing recognition of the damaging psychological impact that witnessing domestic abuse has on children.

This means that where adult safeguarding and domestic violence and abuse are being addressed and children are involved or present, professionals have a duty to refer to children's services, using local protocols and procedures. This is the case even if the adult victim chooses not to, or is not able to, accept help for him or herself.

Where there are opportunities for joint assessment and joint working across adult and children's services and domestic abuse services these should always be considered. Young People's Violence Advisors (YPVAs) offer practical help to young people aged between 13 and 17 who are experiencing relationship abuse and are available in some areas. There may also be school-based specialist support for younger children.

See children and young people's chapter for more information [\[add link\]](#).

Policy and legislation

Given the evident links between safeguarding and domestic violence and abuse, social care professionals need to be aware of:

- Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015
- The creation of a new offence entitled, Controlling and Coercive Behaviour in an Intimate or Family Relationship subject to section 76 of the Serious Crimes Act

In terms of its potential to address domestic abuse, the Social Services and Wellbeing (Wales) Act introduces three new key functions:

- a new definition of an Adult at Risk,

- the implementation of adult protection and support orders and adults safeguarding boards, and
- the duty to enquire and report where a local authority has reasonable cause to suspect that a person is an adult at risk.

The provision in part 7 of the Social Services and Wellbeing Act (Wales) 2014 requires local authorities to investigate where they suspect that a child or an adult with care and support needs is at risk of abuse or neglect (section 126).

The creation of Adult Protection and Support Orders gives local councils powers and responsibilities to respond to suspected abuse. An Authorised Officer appointed by a local council can apply to a Justice of the Peace, when all other attempts to gain access to a property have failed, to enter the property with a police officer to speak in private with a suspected victim, and to determine that decisions have been made freely and that the person is not an 'adult at risk'.

Also, conducting assessments based on the appearance of need could feasibly lead to the identification of abuse or potential abuse. For more information about the act please see [appendix x](#).

The Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 will strengthen professionals' awareness of domestic abuse and how to improve identification of the National Training Framework (NTF) on Domestic Abuse under section 15. The NTF consists of 6 groups of training with the following outcomes:

- Group 1: A workforce, alert and aware to VAWDASV
- Group 2: Skilled practitioners in the right place, proactively identifying and offering support to victims of VAWDASV
- Group 3: Key staff, ready and able to support colleagues & clients when victims of VAWDASV are identified
- Group 4: Expert practitioners able to offer efficient, informed intervention to every referral received
- Group 5: Capable, specialist managers, running strong services and managing effective practitioners
- Group 6: Strong leaders creating a culture which acknowledges VAWDASV as public service issues, requiring a quality response.

Levels 1 to 3 include e-learning to increase awareness for all local authority staff and other public service bodies. Level 2 and 3 consist of targeted questions entitled Ask and Act and enhanced Ask and Act respectively, to help professionals to identify signs and symptoms of domestic abuse, initiate a sensitive and role-specific series of questions and refer to specialist organisations. It is expected that levels 2 and 3 will apply especially to frontline

officers and senior managers whose core business area may not be domestic abuse but who come across domestic abuse clients as part of their work.

Other relevant legislation includes the Housing (Wales) Act 2014 to prevent and alleviate homelessness, which specifies that risk of abuse, including domestic abuse, is a factor in determining whether it is reasonable to continue to occupy accommodation. Also, the Renting Homes (Wales) Act 2016 sets out a new approach to joint contracts which will help survivors by enabling perpetrators to be targeted for eviction.

These other legislative frameworks may help to strengthen the function of the Social Services and Well-being (Wales) Act and due to the duty to enquire and report, may also increase protection for vulnerable children and adults and encourage social services to improve partnership working.

8.2 What do we know about the population

An estimated 1 in 4 women experience violence in their lifetime and 1 in 6 men (Office for National Statistics, 2014). About 8.5% of women and 4.5% of men report having experienced domestic abuse in the previous year (Office for National Statistics, 2014). This is equivalent to an estimated 16,000 female victims and 8,000 male victims in North Wales each year.

Table 8.1 shows that the total number of domestic incidents recorded by the policy (including crimes and non-crimes) was around 11,000 in 2015-16.

Table 8.1 Total number of domestic incidents (crimes and non-crimes)

| | 2011-12 | 2012-13 | 2013-14 | 2014-15 | 2015-16 |
|--------------|---------|---------|---------|---------|---------|
| Anglesey | 1,130 | 1,060 | 960 | 760 | 960 |
| Gwynedd | 1,870 | 1,980 | 1,600 | 1,190 | 1,620 |
| Conwy | 2,260 | 2,570 | 2,130 | 1,550 | 1,960 |
| Denbighshire | 2,300 | 2,330 | 1,790 | 1,500 | 1,900 |
| Flintshire | 2,400 | 2,760 | 2,250 | 1,870 | 2,140 |
| Wrexham | 2,870 | 3,290 | 2,840 | 2,180 | 2,720 |
| North Wales | 12,800 | 14,000 | 11,600 | 9,000 | 11,300 |

Numbers have been rounded so may not sum

Source: North Wales Police

Domestic abuse costs public services £66 million a year in North Wales

The total costs of domestic abuse in North Wales are estimated at £66 million¹ (Walby, 2009). This includes the costs to health care, criminal justice, social

¹ Figure calculated by combining the estimated costs for each North Wales local council from Trust for London and the Henry Smith Charity figures based on the Walby (2009) estimates.

services, housing and refuges, legal costs and lost economic output. In addition the human and emotional costs are estimated at £114 million (Walby, 2009). According to the Walby (2009) update report, the overall cost of domestic abuse fell significantly between 2001 and 2008, mostly due to the decrease in the cost of lost economic output, and a decrease in the human and emotional cost, as a result of increased utilisation of public services. The overall rate of domestic violence also fell between 2001 and 2008, concluding that investment in public services was cost effective for the country as a whole, during that time.

Reducing violence and abuse further could result in substantial savings to health and social care (Public Health Wales, 2016). Effective interventions include focusing on children and young people; preventing domestic violence, abuse and violence against women; reducing harmful use of alcohol; and multi-agency approaches. For example, implementing the NICE Guidance on Domestic Violence and Abuse (NICE, 2014) could save £4,700 per month per person on longer-term costs associated with treating and supporting someone experiencing post-traumatic stress disorder as a result of violence and abuse.

Domestic abuse is under-reported but the number of reports is increasing

Table 8.2 shows that the number of domestic violent crimes with injury in North Wales is much lower than the estimated number of people likely to have experienced the crime. Domestic violence and abuse has long been under-reported and the increase in the number of crimes over the past three years is likely to be due to an increase in reporting rather than incidence (North Wales Police, 2016). In 2015-16 there were 1,700 domestic violent crimes with injury in North Wales, 870 involved a person under 16 and 560 involved a child aged under 6 (see Table 8.2, Table 8.3 and Table 8.4 for more information).

Table 8.2 Number of domestic violent crimes with injury by county in North Wales

| | 2013-14 | 2014-15 | 2015-16 |
|--------------|---------|---------|---------|
| Anglesey | 100 | 130 | 170 |
| Gwynedd | 180 | 210 | 280 |
| Conwy | 280 | 210 | 270 |
| Denbighshire | 210 | 260 | 270 |
| Flintshire | 270 | 300 | 340 |
| Wrexham | 350 | 340 | 380 |
| North Wales | 1,400 | 1,500 | 1,700 |

Numbers have been rounded so may not sum

Source: North Wales Police

Table 8.3 Number of domestic violent crimes with injury involving a person under 16

| | 2013-14 | 2014-15 | 2015-16 |
|--------------|---------|---------|---------|
| Anglesey | 50 | 70 | 100 |
| Gwynedd | 90 | 100 | 130 |
| Conwy | 130 | 90 | 130 |
| Denbighshire | 110 | 130 | 130 |
| Flintshire | 150 | 160 | 170 |
| Wrexham | 190 | 190 | 210 |
| North Wales | 720 | 730 | 870 |

Numbers have been rounded so may not sum

Source: North Wales Police

Table 8.4 Number of domestic violent crimes with injury involving a person under 5

| | 2013-14 | 2014-15 | 2015-16 |
|--------------|---------|---------|---------|
| Anglesey | 30 | 50 | 60 |
| Gwynedd | 60 | 60 | 90 |
| Conwy | 80 | 60 | 80 |
| Denbighshire | 70 | 90 | 80 |
| Flintshire | 90 | 90 | 110 |
| Wrexham | 130 | 120 | 140 |
| North Wales | 470 | 470 | 560 |

Numbers have been rounded so may not sum

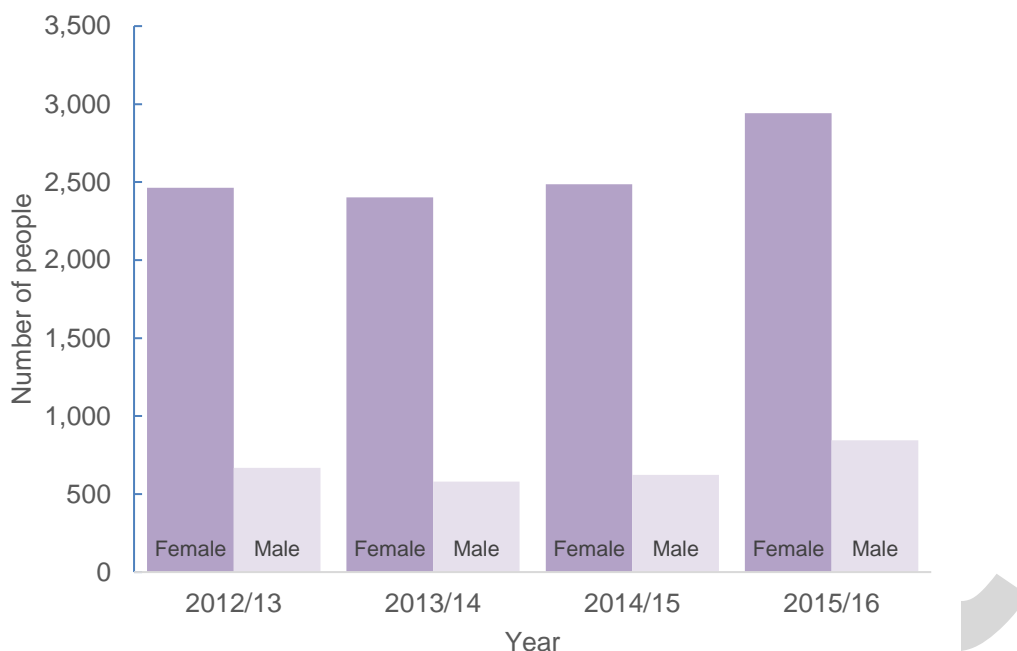
Source: North Wales Police

Women are more likely to experience domestic violence and abuse than men

Across North Wales around 80% of the victims of domestic violence and abuse are female, while 20% are male. The proportion is similar in each county and has remained fairly consistent over the last four years although there has been an overall increase in the number victims as shown in Figure 8.1 and Table 8.5.

The Live Fear Free Helpline run by Welsh Women's Aid received around 5,000 calls during 2015-16. Of these the majority (4,800) were from women. They also received around 20 calls from children aged under 17 and 170 calls from adults aged 56 and over.

Figure 8.1 Domestic violence by victims gender, North Wales, 2012/13 to 2015/16



Source: North Wales Police

Table 8.5 Domestic violence victims by gender in North Wales

| Local council | 2012/13 | | 2013/14 | | 2014/15 | | 2015/16 | |
|---------------|--------------|------------|--------------|------------|--------------|------------|--------------|------------|
| | Female | Male | Female | Male | Female | Male | Female | Male |
| Anglesey | 220 | 60 | 190 | 50 | 220 | 50 | 270 | 70 |
| Conwy | 410 | 110 | 430 | 130 | 380 | 100 | 490 | 140 |
| Denbighshire | 430 | 110 | 380 | 100 | 390 | 110 | 470 | 120 |
| Flintshire | 400 | 120 | 430 | 90 | 480 | 130 | 550 | 180 |
| Gwynedd | 420 | 120 | 370 | 80 | 360 | 90 | 450 | 140 |
| Wrexham | 590 | 140 | 600 | 120 | 660 | 130 | 720 | 200 |
| Total | 2,500 | 670 | 2,400 | 580 | 2,500 | 620 | 2,900 | 840 |

Numbers have been rounded so may not sum

Source: North Wales Police

Cases of coercive control are now being recorded

There have been 33 recorded crimes across North Wales of engaging in controlling/coercive behaviour in an intimate/family relationship since the offence came into effect in December 2015.

The number of sexual offences is increasing in North Wales

The total number of sexual offences has increased in North Wales from 900 in 2012-13 to 1,400 in 2015-16. This increase is seen in every county in North Wales as shown in Table 8.6. It is thought that this is due to an increase in reporting of non-recent incidents rather than incidence overall (North Wales Police, 2016).

Table 8.6 Number of sexual offences by local authority

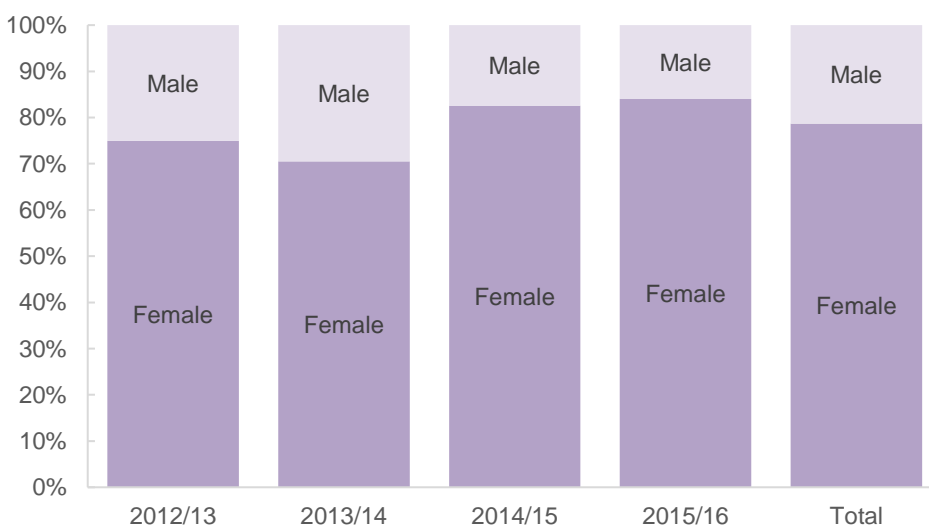
| | 2012-13 | 2013-14 | 2014-15 | 2015-16 |
|--------------|---------|---------|---------|---------|
| Anglesey | 80 | 80 | 130 | 120 |
| Gwynedd | 140 | 160 | 190 | 260 |
| Conwy | 150 | 160 | 180 | 220 |
| Denbighshire | 150 | 160 | 200 | 270 |
| Flintshire | 140 | 160 | 180 | 270 |
| Wrexham | 240 | 270 | 240 | 280 |
| North Wales | 900 | 970 | 1,100 | 1,400 |

Numbers have been rounded so may not sum

Source: North Wales Police

The different proportions of women and men affected by sexual violence are similar to that found with domestic violence and abuse. Across North Wales over the last four years, 80% of the victims of sexual violence were female and 20% were male, however this proportion varies from year to year as shown in Figure 8.2.

Figure 8.2 Sexual offences in North Wales by local council and victims gender



Source: North Wales Police

Child sexual exploitation (CSE)

‘Child sexual exploitation is the coercion or manipulation of children and young people into taking part in sexual activities. It is a form of sexual abuse involving an exchange of some form of payment which can include money, mobile phones and other items, drugs, alcohol, a place to stay, ‘protection’ or affection. The vulnerability of the young person and the grooming process employed by perpetrators renders them powerless to recognise the exploitative nature of relationships and unable to give informed consent’ (Barnardos, 2013).

There has been an increase year on year in Sexual Exploitation Risk Assessment Framework (SERAF) assessments taking place in Wales due to increased awareness of the issue (Barnardos, 2016). There is more information about the work taking place in North Wales to tackle CSE available here <http://www.north-wales.police.uk/advice-and-support/stay-safe/child-sexual-exploitation/what-is-cse>.

Most MARAC referrals are made by the police and the number of MARAC cases has remained similar over time

A MARAC (multi-agency risk assessment conference) is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, safeguarding, housing practitioners, Independent Domestic Violence Advisors (IDVAs), probation and other specialists from the statutory and voluntary sectors. The representatives discuss options for increasing the safety of the victim and develop a Risk Management Action Plan.

In 2015-16, 72 MARACs took place in North Wales, (one every month across the six counties) and 910 cases were discussed. The numbers are similar for previous years. Of the cases discussed, 25% were repeat cases. The police are the highest referrer to MARACs with 58% of referrals. Table 8.7 shows that the number of cases is fairly similar across North Wales although Wrexham and Denbighshire have a higher number of cases than average when the size of the population is taken into account.

Table 8.7 Number of MARAC cases by local authority, 2015-16

| | Cases discussed | Cases per 10,000 population |
|--------------|-----------------|-----------------------------|
| Anglesey | 80 | 26 |
| Gwynedd | 140 | 27 |
| Conwy | 130 | 25 |
| Denbighshire | 130 | 32 |
| Flintshire | 160 | 25 |
| Wrexham | 280 | 51 |
| North Wales | 910 | 31 |

Numbers have been rounded so may not sum

Source: SafeLives

Table 8.8 shows the percentage of MARAC cases that involved people who have protected characteristics under equalities legislation. The table includes numbers that ‘SafeLives’ recommend you would expect to see which shows that in North Wales on the whole there are more cases involving BME people than expected but fewer LGBT people and disabled people than expected.

Table 8.8 MARAC cases by protected characteristics and local authority, 2015-16

| | % BME | % LGBT | % Disability | % Males (a) | % aged 16-17 |
|-------------------------|-------|--------|--------------|----------------|-----------------|
| Anglesey | 4 | 0 | 0 | 1 | 3 |
| Gwynedd | 8 | 0 | 1 | 5 | 1 |
| Conwy | 4 | 1 | 0 | 6 | 3 |
| Denbighshire | 3 | 0 | 2 | 5 | 2 |
| Flintshire | 5 | 2 | 6 | 7 | 1 |
| Wrexham | 6 | 2 | 6 | 7 | 2 |
| North Wales | 5 | 1 | 3 | 6 | 1 |
| SafeLives recommends | 0 | 5 | 17 | 4-10 | - |

Numbers have been rounded so may not sum

Source: SafeLives

Housing needs and homelessness

A needs mapping exercise has been carried out in North Wales for the Supporting People Grant. This identified that around 1,600 people across North Wales (92% women / 8% men) have a support need linked to domestic abuse.

There are 63 refuge places for adults in North Wales, either in communal accommodation or dispersed units. Refuges also accommodate children. Demand is constant and outstrips supply. Media publicity that raises awareness of abuse helps victims to identify their own situation. Providers have reported establishing waiting lists (North Wales Social Care and Wellbeing Services Improvement Collaborative, 2016). Refuge places are allocated following thorough risk assessment by the specialist provider: this assessment protects current residents and ensures greater safety and confidentiality for the victim. On acceptance, refuges can be accessed 24/7, either by direct contact with the provider, or through Live Fear Free on-call protocols after hours on 0808 801 0800. Refuge places for people with high support needs or physical disability are scarce.

In addition to refuge provision, options for housing victims of domestic violence where it is not safe to remain in their own home include:

- Dispersed units – self-contained properties to house victims of domestic violence and abuse without the intensive support provided by refuges.
- Safe houses.

There is a need to make sure that their provision is available for people with care and support needs.

8.3 What are people telling us?

All forms of violence against women, domestic abuse and sexual violence have implications for social care. Demand for services is largely unpredictable, though it is intense, frequent and often urgent. Furthermore, these crimes have a harrowing impact on both the short-term and long-term wellbeing of victims, thereby increasing demands on a wide range of services.

At a time when the Welsh Government has delivered the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015, budget cuts have affected all specialist service providers. This is despite such agencies being inundated with referrals from police, health visitors, social workers and third sector organisations (Hobbs, 2016). Though there are clear practical needs for victims of violence against women, domestic abuse and sexual violence, the same theoretical pleas are consistently articulated (Welsh Women's Aid, 2016):

- Believe my story (no matter how irrational it seems)
- Support me and help me (and my children) stay safe
- The perpetrator is responsible, not me

These survivor views are replicated by women who attend resilience support, having escaped a coercively controlling relationship (Hobbs, 2016). The experiences are not invited into the victim's life; they happen because the perpetrator is abusive towards them. In an intimate relationship, such abuse is both confusing and distressing. While specialist service providers understand the dynamics of the victim's journey, some public services are less able to fathom domestic abuse and violence. The Welsh Women's Aid Survivor Consultation (2016) reported victims (female and male) being blamed for their circumstances and there is low recognition for the efforts victims make to prevent or minimise harms. This is especially the case where the abused parent strives to protect their children, but faces inquisition and accusation from both social services and the criminal justice system. They wonder why the perpetrator escapes such scrutiny, although victims do recognise the power-base from which such perpetrators operate.

The impact of violence and abuse on their children is a primary concern of many survivors (Welsh Women's Aid, 2016). They identify a need for children to be heard and to be able to access specialist support separate and distinct from the support being given to their abused parent/carer. More work to help prevent children and young people from experiencing abuse is also needed, including helping children and young people recognise abuse and know where to access support. This could include programmes at school (beginning with young children), confidential services that can be accessed through school and therapeutic services.

Survivors identified 10 key recommendations for Welsh Government (Welsh Government, 2016; Welsh Women's Aid, 2016)

1. Dedicated specialist services for children and young people impacted by or experiencing domestic abuse, sexual violence, Female Genital Mutilation (FGM), forced marriage, sexual exploitation or harassment.
2. Specialist domestic abuse and sexual violence services for survivors that are accessible and resourced to meet the needs of specific survivor groups.
3. Improvements in family court and CAFCASS Cymru practice and safe child contact for children in cases of domestic abuse and sexual violence.
4. Accessible 'refuge service' support in every area, accompanied by safe, affordable, longer-term housing options to provide flexibility and choice.
5. Women's groups and peer support that reduce isolation and maximise independent spaces to increase confidence, esteem, and empowerment.
6. Equal access to safety, support, protection and justice, and finances to live independently, irrespective of survivors' immigration status.
7. Counselling and therapeutic services for survivors that is available when needed and is age-appropriate, and helps build resilience and recovery.
8. Greater focus on stopping perpetrators' behaviour and, where coercive control is a feature, on getting perpetrators to leave and end abusive relationships.
9. Improved training for all services on all aspects of violence against women, domestic abuse and sexual violence, informed by survivors' experiences.
10. Preventing violence against women from happening in the first place, through compulsory prevention education in all schools and increasing awareness of the issues and help available in local communities.

8.4 Review of services currently provided

Victims and their families are able to access a range of support from specialist services in their areas, or if it is not safe do so, assistance can be provided to access support in another area. The practical needs for victims (and their children) who have disclosed violence against women, domestic abuse and/or sexual violence can be summarised as:

- Dedicated, local specialist services that are accessible and adequately resourced to meet specific needs.
- Access to refuge for victims who have had to urgently leave their home in order to escape abuse or violence and later, move on accommodation and longer-term housing solutions.

- Peer support groups, therapeutic counselling and recovery courses. These enable victims to come to terms with what has happened and to understand and identify abusive behaviours and their impact. Groups reduce victim isolation and help them re-build their confidence and resilience. Many victims of abuse have further needs for mental health support, self-harming, substance misuse and other conditions. There is no North Wales provision of refuge support for women with very high needs that require round the clock staffing.
- Swift access to financial support for victims who are compromised – by having their wages or benefits stolen by the abuser, or by having no recourse to public funds. Safety and justice are essential for victims, irrespective of immigration or residency status, or the ability to pay. For women who work in low-paid employment, refuge is not necessarily an affordable option. Sadly, lack of money is a key reason for victims remaining with their abuser. For those who flee their home with nothing, refuges rely on voluntary donations and the generosity of staff to provide victims and their children with the basics of food, clothing and hygiene products.
- Specialist training is essential for every service that encounters victims. This is to ensure that staff are alert to hints of disclosure and are confident that they can take immediate steps to ensure the victim's safety. For ongoing dealings with victims, staff need to be aware of their own impact: attitude is everything. A dismissive approach or a suggestion that the victim should work things out with their partner maximises risk and can place the victim in grave danger. Victims have to be supported and respected throughout their journey from disclosure to recovery.

Information and support

The Live Fear Free helpline (previously known as the All Wales Domestic Abuse and Sexual Violence helpline) is an all Wales national helpline with trained workers that are able to provide a range of support to callers (both victims and professionals). The helpline workers are able to signpost victims to refuge which is supported accommodation across the UK for women (or men) and their children who need a safe place to stay as a result of domestic abuse. Access to refuges is generally 24 hours a day 365 days a year.

Alternatively, the helpline can also provide assistance to access other services such as outreach and floating support - clients are allocated a worker who develops Individual Support Plans with them that provides for or links to appropriate services such as counselling, substance misuse services, physical and mental health services, support groups and educational programmes. These include the Freedom Programme and the Recovery Programme. Both programmes run for 12 weeks and provide information about domestic violence perpetration: the signs, impact and routes to recovery. The consultation and engagement for carried out for the population assessment identified a gap in

specialist support, such as floating support, for BME people in North Wales. Ethnicity is not a barrier to the provision of refuge or floating support, however.

Most specialist services operate a drop in or one-stop-shop type of service where other services, such as housing support, legal, financial, counselling and so on, can be accessed under the one roof.

IDVA services

IDVA services are available across the region. IDVAs are Independent Domestic Violence Advisors who work to support women and men who are at high risk of domestic violence. IDVAs work closely with a range of agencies including the police, children and adult services, legal services and criminal justice agencies in order to assess, monitor and manage risks to victims. They can also refer victims to services such as target hardening (installation of physical security measures to a property making it more resistant to attack or damage and enabling the victim to remain in their home) and provide emotional and other practical support.

School-based preventative programmes

Prevention of abuse and violence is a key priority. Children and young people need to be educated about safe, healthy relationships though it shouldn't be assumed that anyone of any age is immune to abuse.

As part of the drive to tackle violence against women, domestic abuse and sexual violence a number of programmes currently run in schools across North Wales such as the Spectrum programme, Cat's Paw Theatre Company, Crucial Crew, Starr Programmes and so on. These programmes target school aged children and aim to promote healthy relationships and to raise the awareness of children and young people about the issues of violence against women, domestic abuse, and sexual violence. These programmes are delivered by qualified and experienced facilitators; sessions can be delivered in Welsh or English, are cross curricular and are designed to promote peer discussion, using a range of techniques. They use materials that are thought provoking but are not designed to be so emotive as to cause distress. It is important to note that the sessions are designed to promote discussion not disclosure, however appropriate support and sign posting is provided should this occur.

Specialist support for Black and Minority Ethnic (BME) people

BAWSO provides support to BME people who are experiencing or threatened with Domestic Abuse as well as delivering a wide range of support services throughout Wales. The specialist services provided include the provision of temporary accommodation in Wales for those suffering from domestic abuse and all forms of violence; including female genital mutilation (FGM), forced marriage, honour based violence and human trafficking.

Perpetrator programmes

More attention needs to be focused on the motivations and actions of the abuse or violence perpetrators. They are the cause of violence against women, domestic abuse and sexual violence, though victims report that it is they who are both blamed and punished. While some perpetrators are inherently abusive or violent, others can be selective about their victim. Intimate abuse of a partner is a product of power and control. There are perpetrators of ongoing abuse of ex-partners who are non-abusive in their new relationship. Referral to a perpetrator programme requires strict protocols to ensure victim safety.

Support for perpetrators of domestic abuse is available through the criminal justice system (probation) or in the community where they are able to access Relate Cymru's Respect accredited programme Choose2Change. The Choose2Change programmes' key priority is to increase the safety of victims and children who are or have been experiencing domestic abuse. Perpetrators are offered an opportunity to attend a group work programme to address their abusive behaviour to reduce the risk of further abuse in their relationships. Their partners and children are provided the information and support that they need to keep themselves safe. Choose2Change is a fully Respect Accredited service offered to families affected by domestic abuse in North Wales. Accreditation has been developed so that members of the public, funders, commissioning agencies and other professionals can be assured of a high quality, safety-focused service from organisations accredited by Respect. Only accredited perpetrator programmes are acceptable and referrers need to be trained in how to handle both the perpetrator and the victim when making such referrals.

Modern day slavery

BAWSO Diogel Project (Refuge) supports victims of modern day slavery providing practical support on housing, home finances, legal and immigration advice, and emotional support to help recovery and settlement.

The project assists those who have escaped trafficking or those released from criminal networks. It undertakes risk assessments and provides support tailored to individual's needs. The support offered is in accordance with Human Trafficking Care Standards and takes a holistic approach to support needs.

Bawso works closely with partners across the region including, Local Authorities, North Wales Police, Salvation Army, Health Visitors, Sexual health practitioners, Red-Cross and Modern Slavery Human trafficking Unit (MSHTU).

The project provides services to the victims such as counselling services, legal advice and representation for court appeals, accessing specialised barristers for prosecution in crown court, support with National Referral Mechanism (NRM) as

recognised first responder support during asylum and immigration process and support with criminal justice system.

Stepping Stones

Stepping Stones provides confidential, individual and group counselling for adults who have been sexually abused as children.

Sexual Assault Referral Centre (SARC)

Amethyst is the Sexual Assault Referral Centre (SARC) for the North Wales area. It is a joint venture between Betsi Cadwaladr University Health Board, North Wales Police and voluntary groups. They provide information about options; advice and support with reporting to the police; information and support if not reporting to the police; sexual health advice/appointment; emergency contraception; advice about Hepatitis and HIV infection and referral for support and counselling.

RASASC

The Rape and Sexual Abuse Support Centre (RASASC) (North Wales) is a recognised organisation providing independent specialist support to enable people to work through their experience of rape and/ or sexual violence.

More information is available in the full list of services attached as appendix x

8.5 Conclusion and recommendations

Key messages

- Domestic and sexual violence and abuse are under-reported but the number of reports is increasing.
- Domestic and sexual violence and abuse affects both women and men although women are more likely to experience them.
- Cases of coercive control are now being recorded in North Wales since the offence came into effect in December 2015
- Domestic abuse costs public services £66 million a year in North Wales in health care, criminal justice, social services, housing and refuges, legal costs and lost economic output.

Gaps in services and support available

The population assessment suggests future work should look at addressing the following:

- Developing stronger strategic and practice links between domestic abuse and adults safeguarding.

- The effect of budget cuts on specialist service providers' ability to meet the demand and need for services.
- The need for support for children and young people who are witnessing domestic violence and abuse.
- Making sure there are sufficient options for housing victims of domestic violence and abuse who have additional care and support needs that require round the clock staffing.
- Find out more about the need for specialist support, such as floating support, for BAME people in North Wales.

National priorities

The National Strategy on Violence against Women, Domestic Abuse and Sexual Violence 2016-2021 (Welsh Government, 2016) has been published and includes the 10 key recommendations (see section 8.3) along with the National Training Framework (see section 8.1).

The National Adviser Annual Plan (Bowen-Davies, 2016) sets out the following objectives:

1. To advise and support the strategic implementation of the legislation
2. Develop a strategic, coherent and integrated approach to policy and service delivery decisions
3. Develop workable recommendations to improve the impact and effectiveness of public and voluntary service provision
4. Provide a strategic platform for shared learning and research
5. Enable effective and inclusive communication with survivors, stakeholders and the public.

Next steps

Local councils and the health board have to prepare and publish a strategy under the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2014 by 1 April 2018. The population assessment will be used to inform this strategy.

We have also identified that we need to include more information about sexual violence, child sexual exploitation, trafficking and modern slavery when the population assessment is reviewed. Please let us know if you have any evidence you would like to submit [\[add link\]](#).

Equality and human rights

This chapter includes information about the disproportionate number of women, children and disabled people affected by VASWDASV. It also highlights that

services need to be available to all people, for example, men as well as women and the need for specialist support for BAME people. The chapter includes data about the proportion of people from protected characteristics discussed at MARACs, for example low numbers of LGBT people. More information is available about the impact on specific groups in in the safeguarding section of each population assessment chapter [\[add link\]](#).

There may be other issues affecting people with the protected characteristics and the needs of Welsh language speakers not picked up by this assessment that could be addressed in future population assessment reviews, in the development of the area plan or in the services developed or changed in response to the plan.

We would welcome any further specific evidence which may help to inform the final assessment [\[add link\]](#).

Draft

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Domestic Abuse Services in North Wales

| Agency | Service Provided | Who can attend? | Means of Access | Anticipated Benefits/Outcomes |
|---------------------------------------------------|---------------------------------------|-------------------------------|---------------------------|---------------------------------------------------------------------------------|
| Domestic Abuse Safety Unit - Flintshire | IDVA service | Men and women | Direct or agency referral | Specialist tailored support for High Risk victims/ survivors of domestic abuse. |
| | One-Stop-Shop | Men and women | Direct or agency referral | Support and information offered at one safe and confidential location |
| | Refuge | Women and children only | Direct or agency referral | Safe Housing provision with high level support |
| | Freedom Programme | Women only | Direct or agency referral | Building confidence/self esteem |
| | Outreach Support | Men and women | Direct or agency referral | Progress outreach support providing long term support/interventions to victims |
| | Crisis Intervention | Men and women | Direct or agency referral | Specialist support |
| Welsh Women's Aid, Wrexham | IDVA service | Men and women | Direct or agency referral | Specialist tailored support for High Risk victims/ survivors of domestic abuse. |
| | One-Stop-Shop | Men and women | Direct or agency referral | Support and information offered at one safe and confidential location |
| | Refuge | Women and children only | Direct or agency referral | Safe Housing provision with high level support |
| | Freedom Programme | Women only | Direct or agency referral | Building confidence/self esteem |
| | Power to Change Programme | Women only | Direct or agency referral | Building confidence/self esteem which follows on from the Freedom programme |
| Glyndwr Women's Aid, Denbighshire | Refuge | Women and children only | Direct or agency referral | Safe Housing provision with high level support |
| | Freedom Programme | Women only | Direct or agency referral | Building confidence/self esteem |
| | STAR programme | 14-25 year olds | Through Schools | Children and young people programme looking at issues related to DASV |
| | Confidence and Assertiveness training | Women only | Direct or agency referral | Building confidence/self esteem |
| North Denbighshire Domestic Abuse Service (NDDAS) | IDVA service | Men and women | Direct or agency referral | Specialist tailored support for High Risk victims/ survivors of domestic abuse. |
| | Respect 1-1 perpetrator programme | School aged children | Via schools | Information and awareness raising sessions in schools |
| | STAR programme | 14-25 year olds | Through Schools | Children and young people programme looking at issues related to DASV |
| | Freedom Programme | Women only | Direct or agency referral | Building confidence/self esteem programme |
| | Outreach Floating Support | Men and women | Direct or agency referral | Progress outreach support providing long term support/interventions to victims |
| | One-Stop-Shop | Men and women | Direct or agency referral | Support and information offered at one safe and confidential location |
| | Refuge- Dispersed units | Men and women | Direct or agency referral | Safe Housing provision with some level of support |
| | Awareness talks | Schools | Via schools | Information and awareness raising sessions in schools |
| Aberconwy | Outreach Floating Support | may support 5 women at a time | Direct or agency referral | Progress outreach support providing long term support/interventions to victims |
| | Freedom Programme | Women only | Direct or agency referral | Confidence/Self esteem building |
| | DART service | | | |

| | | | | |
|---------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| | Helpline | Men and women | Direct or agency referral | Immediate over the phone support, information, crisis intervention and signposting on to refuge or other specialist services. |
| | Drop in Information Centre | Men and women | Direct or agency referral | Support and information offered at one safe and confidential location |
| Colwyn Welsh Womens Aid (CWWA), Conwy | New Beginnings | | | |
| | STAR programme | Children and young people | Through schools | Children and young people programme looking at issues related to DASV |
| | Coffee mornings & service user involvement | | | |
| | Parenting programme | Parents and their children | Direct or agency referral | Information and support in coping with parenting issues after DA |
| | Confidence Building programme | Women | Direct or agency referral | Confidence/Self esteem building programme |
| | IDVA service | Men and women | Direct or agency referral | Specialist tailored support for High Risk victims/ survivors of domestic abuse. |
| | Refuge | Women and children only | Direct or agency referral | Safe Housing provision with high level support |
| | Happy Friday programme, exercise, healthy eating, cooking, etc | | | |
| | Drop in service | Men and women | Direct or agency referral | Support and information offered at one safe and confidential location |
| Bangor Women's Aid, Gwynedd | IDVA service | Men and women | Direct or agency referral | Specialist tailored support for High Risk victims/ survivors of domestic abuse. |
| | Outreach Floating Support | Men and women | Direct or agency referral | Progress outreach support providing long term support/interventions to victims |
| | Freedom Programme | Women | Direct or agency referral | Confidence/Self esteem building programme |
| | Healthy relationships Incredible Years programme Dedicated CYP working in the community | Teens and young people Teens and young people Schools aged children 5 - 17 | | |
| Gorwel, Yns Mon | IDVA service | Men and women | Direct or agency referral | Specialist tailored support for High Risk victims/ survivors of domestic abuse. |
| | Refuge | Women and children only | Direct or agency referral | Safe Housing provision with high level support |
| | Caring Dads | Men who have been perpetrators of DA | ? | Support for men who have been perpetrators of DA |
| | Freedom Programme | women | Direct or agency referral | Confidence/self esteem building programme |
| | Outreach Floating Support | Men and women | Direct or agency referral | Progress outreach support providing long term support/interventions to victims |
| | Specialist CYP support worker | Children and young people | ? | Support for children and young people who have been affected by DA |
| | One-Stop-Shop | Men and women | Direct or agency referral | Support and information offered at one safe and confidential location |
| CAHA Women's Aid, Flintshire | IDVA service | Men and women | Direct or agency referral | Specialist tailored support for High Risk victims/ survivors of domestic abuse. |
| | Freedom Programme | women | Direct or agency referral | Confidence/Self esteem building programme |
| | In-house counselling service | | | Counselling service provided to individuals who have been affected by DA |

| | | | | |
|----------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| | CYP community worker | Children and young people | | Support for children and young people who have been affected by DA |
| | Crucial Crew | Children and young people | Via schools | Information/awareness raising sessions for children and young people |
| | Awareness talks | | Direct or agency referral | information and awareness raising sessions |
| | ODEL opening doors and enhancing life | Accredited course | | |
| | Refuge | Women and children only | Direct or agency referral | Safe Housing provision with high level support |
| Bawso, North Wales | Outreach Floating Support | Men and women | Direct or agency referral | Progress outreach support providing long term support/interventions to victims |
| | Refuge for victims of modern slavery | Women and children only | Direct or agency referral | Safe Housing provision with high level support |
| Bawso, Connaah's Quay | Safe House | Women and children only | Direct or agency referral | Safe Housing provision with high level support |
| Bawso, Wrexham | One-Stop-Shop | Men and women | Direct or agency referral | Support and information offered at one safe and confidential location |
| Bawso, Wrexham | Gateway programme | Polish service users | Direct or agency referrals | confidence and self-esteem building programme for women who have been victims of DA - Freedom programme delivered in Polish |
| Bawso, North Wales | Training package for FGM, FM, HBV, DA, Modern slavery, from a black perspective | ALL | Direct or agency referrals | education awareness |
| Victim Support, North Wales | Emotional and Practical support for all victims of crime. | All victims of crime | Direct or agency referral | Support and information for victims of any crimes |
| Live Fear Free Helpline | Support and listening service | ALL | By highly trained Helpline Support Workers. Phone and email | phone or email support for all victims of DA |
| | Referrals to refuge and other specialist services | ALL | Phone and email | phone or email support for all victims of DA |
| | Referrals to outreach support | ALL | Phone and email | phone or email support for all victims of DA |
| | Referral to Marac | If meets the threshold | Phone and email | phone or email support for all victims of DA |
| | Crisis Intervention when required | All as required | Phone and email | phone or email support for all victims of DA |
| Community Safety Partnership, Conwy & Denbighshire | Safer Homes Scheme (Target hardening) | Men, Women & their families | Email referral | phone or email support for all victims of DA |
| | IDVA service | | Direct or agency referral | Specialist tailored support for High Risk victims/ survivors of domestic abuse. |
| Wrexham CBC | Cat's Paw school Production | Year 9 students | Via schools | Rape and sexual consent awareness session |
| | Cat's Paw school Production | 16+ colleges | Via schools | Rape and sexual consent awareness session |
| Wrexham CBC Info shop | Appropriate relationships and online safety | Children and young people | Via schools | Introduction to forming appropriate relationships and staying safe online |
| Spectrum Project, North Wales | Belonging | Children and young people | Via schools | To enable young people to empathise with a character who has experienced DA and look at support networks available for young people |
| Spectrum Project, North Wales | Family | Children and young people | Via schools | Understand the term DA, recognise that all families are different and support networks |
| WCBC Info shop | Sexual Consent: forming consent | Children and young people | Via schools | Understanding sexual consent, the law and making healthy choices. |

| | | | | |
|-------------------------------|------------------------------------------|-------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Spectrum Project, North Wales | Intro Sexual Exploitation: Sarah's story | Children and young people | Via schools | Awareness about sexual exploitation and tactics used by people who sexual exploit women and children, identify sources of support. |
| Spectrum Project, North Wales | Forced Marriages | Children and young people | Via schools | Understand the consent of marriage, difference between Arranged and Forced marriages, where to get support. |
| Wrexham CBC Info shop | Relationships | Children and young people | Via schools | Discussion around what behaviours are acceptable and unacceptable in a partner relationship, recognise warning signs in relation to potentially abuse relationships, effects of abuse, and support available |
| Spectrum, North Wales | Gender Stereotyping | Children and young people | Via schools | To begin to understand that inequalities exists in society, that gender inequality can lead to discrimination and abuse |
| WCBC Info shop | Safer relationships | Children and young people | Via schools | To begin to identify characteristics of healthy and safe relationships |
| Welsh Women's Aid, Wrexham | Crucial Crew | Children and young people | Via schools | WWA introduction to domestic abuse |
| Spectrum, North Wales | Healthy relationships | Children and young people | Via schools | To begin to identify characteristics of healthy relationships |
| Spectrum, North Wales | Chance or Choice | Children and young people | Via schools | To reinforce the characteristics of healthy relationships |
| Spectrum, North Wales | Identifying emotions | Children and young people | Via schools | |
| Spectrum, North Wales | Safety Zone | Children and young people | Via schools | |
| Spectrum, North Wales | Gender: equal or the same | Children and young people | Via schools | |
| Spectrum, North Wales | Traditional harmful practice (FGM) | Children and young people | Via schools | |
| Spectrum, North Wales | Honor Based Violence | Children and young people | Via schools | |
| Spectrum, North Wales | Challenging gender stereotypes | Children and young people | Via schools | |
| Spectrum, North Wales | Sexual violence: Sexting | Children and young people | Via schools | |
| Spectrum, North Wales | Stages of Abuse | Children and young people | Via schools | Exploring domestic abuse |
| Spectrum, North Wales | Sexual Consent. | Children and young people | Via schools | Raise awareness of the law regarding sexual consent, concept of consent in relation to sexual activity, support available to those who have experienced sexual abuse. |
| Spectrum, North Wales | Violence Against Women | Children and young people | Via schools | Exploring domestic abuse |
| Wrexham CBC Info shop | Staying emotionally healthy | Children and young people | Via schools | To begin to identify characteristics of healthy relationships and looking after your emotions. |
| North Wales | Freedom Programme | Women only | Direct or agency referral | Confidence/self-esteem building programme |
| North Wales | White Ribbon Campaign events | Everyone | NA | Awareness raising campaign, engaging with the community and local college in a variety of ways. |
| North Wales | Target Hardening (incl. CCTV service) | Victims of abuse and their families | Via DA services, NWP, WCBC, etc. | Reassurance for victims of abuse and their families to safely remain in their homes. |

| | | | | |
|-----------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| North Wales | DA & SV Training | All professionals | | A well informed workforce that is able to recognise the signs and symptoms of abuse and appropriately support victims. |
| North Wales | Domestic Abuse and Sexual Violence Coordinator | All professionals | NA | Strategic lead for the VAWDASV agenda |
| North Wales Women's Centre (NWWC) | IDVA service | men and women | Direct or agency referral | Specialist tailored support for High Risk victims/ survivors of domestic abuse. |
| North Wales Women's Centre (NWWC) | Family Resilience Project Support | Women and their families | Via referral from NWWC or through Family Resilience coordinator organisations (TAF; Hafan). | Safety and needs assessment leading to action plan for woman and her family, followed by one to one support around needs to lead to improved outcomes around support pathways. |
| North Wales Women's Centre (NWWC) | Women's Pathfinder Diversion Scheme | Women who have been arrested on a low gravity matrix offence and who admit to the offence | Via North Wales Police, either at St Asaph custody suite or community police stations across Flintshire, Denbighshire and Conwy | The aim of the scheme is to divert women who have committed low level offences away from the criminal justice system by addressing the needs and circumstances at the root of their offending behaviour. Participation in the Scheme is offered as an alternative to standard proceedings through court/ a fine. Domestic and/ or sexual violence forms part of the previous or current experience of many of the women who are participating on the scheme. This is a cross-Wales pilot project. |
| North Wales Women's Centre (NWWC) | Resettlement | Women serving sentences at HMP Styal and whose release will be to North Wales. | Referrals received direct from HMP Styal. The project engages with women serving both short and long term sentences | The project aims to ensure women have their immediate needs met on release and are therefore better able to reintegrate to their community. The assessment ensures domestic/ sexual violence needs are threaded throughout. |
| North Wales Women's Centre (NWWC) | Together Women Mentoring and Advocacy Service | Women who have offended and who have a diagnosis of personality disorder. | Self or agency referral | positive progress across relevant support pathways and a cessation/ reduction in offending. |
| North Wales Women's Centre (NWWC) | Staying Home Project (Gibran UK). | Women in the community, custody or approved premises and who do <i>not</i> have support needs around alcohol or drugs and whose release address is in North Wales. | Probation and other agencies | positive progress across relevant support pathways and a cessation/ reduction in offending. |
| North Wales Women's Centre (NWWC) | Information and Support service | Any woman aged 16+ with one or more needs across NWWC support pathways | Self or agency referral | Assessment of needs and action planning followed by practical and emotional support. |

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|--------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| North Wales Police | Preservation of life | Victims of abuse and their families | By calling 999, 101 - crime/incident report or via internet reporting page | Positive action – make all parties safe – arrest offender – evidence gather – ensure immediate safeguarding via signposting through face to face contact and z-card - Risk Identification via DASH and professional judgement – appropriate allocating of investigation based on risk. |
| North Wales Police | Prevention and detection of crime | Victims of abuse and their families | By calling 999, 101 - crime/incident report or via internet reporting page | Flagged to specialist PVP/PU for full Risk Assessment and information sharing at a statutory level with SSD and Probation if appropriate. With consent also can be shared with no-stat agencies such as IDVA, WA, Hagan Cymric, BAWSO, Womens Centre, C2C and more... |
| North Wales Police | Safeguarding of vulnerable persons | Victims of abuse and their families | By calling 999, 101 - crime/incident report or via internet reporting page | If Medium or High risk case is tasked to Specialist DAO for review and actions which will be contact on phone or via visit or prearranged safe-meeting, either single agency or jointly, and include may be onward referral to specialists support. |
| | Risk assessment and discussion of risk to decide on a multi-agency response to victims of high risk DA | Victims of abuse and their families | Multi Agency MARAC referral – e-mail to MARAC inbox | DAO's conduct immediate safeguarding review and act as above if any immediate issues. Otherwise matter is review by DAO's DSPVPU, and IDVA's to decide on MAERAC inclusion, and if not included, what action should be taken. E.g. Onward referral, further contact, re-task back to Referrer. |
| | Target Hardening | Referred by Specialist DAO's for preventative and reassurance work | Safer Neighbourhood Team via Neighbourhood Wardens and PCSO's and local CBMs. | Reassurance for victims of abuse and their families to safely remain in their homes. |
| North Wales Police | Electronic Reassurance Systems | DAO's identify recipients and fit products. | TecSOS and Skyguard GPS mobile alarms | |
| | Reassurance patrols | SNT/LPS officers | Face to face | Visits with consent to provide visible support and reassurance to victims of DA. |
| | Enforcement visits | SNT/LPS officers | Face to face | Involves visiting IP's and DA Offenders where there are live preventative bail conditions to safeguard victims and their families and ensure compliance especially where unreported breaches are suspected whether due to duress or collusive activity. |

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|-----------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| North Wales Police | DVDS | Force Control Room/SPVPU SDAO's | Phone or face to face | Right To Ask/Right To Know – Anyone can make an enquiry if they are concerned that a partner in a relationship may have a domestic abuse history. We will check if there is a reported history and then assess if there is enough concern to share with the person affected. All carefully documented. |
| North Wales Police | DVPN/DVPO | LPS/NWP Legal Dept. | Phone/Face to face/VIA CJS document completion | Where the risk is serious and where charges or other protective options are not viable, a DVPN can be issued which will have conditions attached to prevent the suspect contacting the IP for 48 hours. This is always followed up with a court hearing to have a DVPO imposed which lasts 28 days. This is intended to allow the IP respite and an opportunity to engage with services to reduce the risk and improve safeguarding. |
| North Wales Police | Warning Markers | SDAO's and FCC | SDAO's and FCC Form completion and E-mail | Placing a marker on the police ICAD system allows officers to be made aware of an ongoing concern re DA if despatched. This can assist in highlighting patterns of abuse when evidence gathering. |
| North Wales Police | Phone contact for all standard risk DA victims with consent | Victims Help Centre | Victims Help Centre trained staff. | Based on DASH and no DAO contact. Preventative option. Allows IP to be signposted for more specialist support if they request it. Also allows for a secondary DASH RA to be completed if IP consents and this may provide further detail re risk. |
| North Wales Police | VPS | LPS/CID | Investigating Officers | VPS is crucial to the courts to understand the impact on the IP and inform sentencing. |
| North Wales Police | Sharing and engaging with other agencies | PVPU SDAO's | PVPU | Joint working to engage with victims. Also lawful and proportionate sharing of information under AWCPP, CDA and HRA. |
| Wales Community Rehabilitation Company (CRC), North Wales | Building Better Relationships Programme | Perpetrators of Domestic Abuse | | |
| Choose2Change, Relate Cymru, North Wales | Perpetrator programme | Perpetrators of Domestic Abuse | | |
| Choose2Change, Relate Cymru, North Wales | Parallel Support Service for partners/ex-partners | Support for partners/ex-partners of men engaged with the Choose2Change programme | | |
| NWP (All Wales School Liaison Core Programme AWSLCP) | Safe Haven - lesson (5-6 year olds) | Children and young people | Via schools | To raise awareness of personal safety and well being in the home |
| NWP (AWSLCP) | Hidden Hurt - lesson (11-13 year olds) | Children and young people | Via schools | To recognise and develop safe relationships with others. Exploring domestic abuse |

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|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------|---------------------------------------------------------------------------|
| NWP (AWSLCP) | Dangerous Deception lesson (14 year olds) | Children and young people | Via schools | To recognise what sexual exploitation is and to know where to go for help |
| NWP (AWSLCP) | No means No lesson (14 -15 year olds) | Children and young people | Via schools | To understand and recognise the importance of sexual consent |
| National Probation Service | Ongoing statutory supervision/involvement to offenders on an ongoing basis, incorporated into their order or sentence/one-on-one offence focused work with perpetrators but refer to CRC or other agencies for programmes, etc | Offenders | CJS | |
| National Probation Service | Victim Liason work and support that is primarily risk management and sign posting | Victims | CJS | |

Sexual Violence Services in North Wales

| Agency | Services Provided | Who can attend? | Means of Access | Anticipated Benefits/ Outcomes |
|----------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Stepping Stones, North Wales | Counselling and support who have experienced sexual abuse as a child | male and female, 18+ | self referral or via agency | |
| Stop it Now! Lucy Faithful Foundation, North Wales | Parent Protect! | Parents/Carers | self referral, or group with host booking | Understanding abuser behaviour, barriers, positive actions adults can take to prevent child sexual abuse |
| | Parent Protect! For children with additional needs | Parents/Carers with children with additional needs | self referral, or group with host booking | Understanding the greater vulnerability of children with additional needs |
| | Professionals Protect! | Professionals working with or supporting families and children | self referral, or group with host booking | Understanding abuser behaviour, barriers, positive actions adults can take to prevent child sexual abuse |
| | Internet Safety! | parents/carers and professionals | self referral, or group with host booking | positive and negative uses of the internet, online grooming, sexting, cyberbullying & viewing illegal images of children, positive preventative actions to take to protect children. |
| | Sexual Development in pre- and pubescent children | parents/carers and professionals | self referral, or group with host booking | Healthy, age expected behaviours for children under 5, 5-11 yrs, how to respond, consent and harmful sexual behaviours for post-pubescent children, positive prevention actions to take. |
| | Prevention of Child sexual exploitation | | self referral, or group with host booking | Facts about sexual abuse & sexual exploitation & how it can happen, how abusers groom their victims, why victims may not talk about it, spotting signs, positive preventative actions, giving sources of information, support or advice. |

| | | | | |
|---------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Rape & Sexual Abuse Support Centre NW | Counselling & Support Services | Anyone aged 13 and over who has experienced any kind of sexual violence, whether recently or in the past. Childrens Centre established, awaiting outcome of funding bid to children in Need, to work with children and young people aged 3-19; Play therapy etc | Self Referral or via other agency working with the client | Overall improved quality of life; Improved self esteem, Less dependence on alcohol/drugs Improved confidence to work/attend college Better/safer coping mechanisms |
| National Probation Service | Community Sex Offender Programme | Aimed at appropriately convicted sex offender, male aged 21 and above | CJS | Reduction in re-offending behaviours |
| National Probation Service | Internet Sexual Offender Programme | Aimed at appropriately convicted sex offender, male aged 21 and above | CJS | Reduction in re-offending behaviours |

9 Secure estate

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Draft

9.1 About this chapter

This chapter includes the population needs of the region's men, women and young people in the secure estate - who are currently located across England and Wales due to the current lack of facilities in North Wales.

Other relevant information can be found in the following chapters:

- Children and young people [\[Add link\]](#)
- Older people [\[Add link\]](#)
- Health, physical disabilities and sensory impairment [\[Add link\]](#)
- Learning disabilities and autism
- Mental health [\[Add link\]](#)
- Carers
- Violence against women, domestic abuse and sexual violence [\[Add link\]](#)
- Veterans [\[Add link\]](#)
- Homelessness [\[Add link\]](#)

The secure estate population consists predominantly of men; men, on average, represent 95% of the prison population in England and Wales. In view of the opening in 2017 of the region's first adult male prison (HMP Berwyn in Wrexham) and the local authority's social care responsibilities under the Social Services and Well-being (Wales) Act 2014 for this population, the scope of this chapter relates, in the main, to those in the adult male estate who will serve their sentences in North Wales from February 2017 onwards.

Definition of the secure estate:

The secure estate includes:

- prisons;
- approved premises: supervised hostel-type accommodation for the supervision and rehabilitation of offenders;
- youth detention accommodation; and
- bail accommodation: for people who would normally be living in the community on bail or Home Detention Curfew but do not otherwise have a suitable address or they need some extra support.

Policy and legislation

Under the Social Services and Wellbeing (Wales) Act 2014 (the act), local councils have a range of duties to fulfil in respect of assessing and meeting the care and support needs of those individuals in the secure estate. They need to

take a holistic approach when individuals are serving their sentence and when planning for their release.

This represents a major change. Previously it was unclear who was responsible for assessing and meeting the social care needs of those in the secure estate, with the result that such needs have often gone unrecognised or have not been effectively met.

Under the act, local councils must engage with partner organisations to identify how existing resources can be best used. Local councils may commission or arrange for others to provide care and support services, or delegate the performance of the function to another party, but the responsibility for fulfilling the duty will remain that of the local council.

Local councils must support children and adults with care and support needs in the secure estate in Wales just as they would for someone in the community. However, the delivery of care and support arrangements operating in the community setting may need to be adjusted to meet the needs of the population and the regime of the secure estate.

Adults

Local councils must meet the care and support duties under the act for those adults, who are aged 18 and over, in the secure estate in Wales, regardless of their place of ordinary residence in Wales or elsewhere before their detention, where the prison or other secure estate premises are within their boundary.

This has significant implications for Wrexham County Borough Council who will be the host authority for the region's first prison, and the largest prison in the United Kingdom, when it opens in 2017.

- ◀ In a reciprocal arrangement, Welsh adults in the secure estate in England will have their care and support needs met under the Care Act 2014, and will be the responsibility of the local council in the area in which they are detained.

When offenders are planning to be released and resettle in the community, the duty will move to the local council where they are planning to relocate and portability arrangements apply. Therefore, while not all local council areas contain secure estate premises, all local councils will be responsible for continuity of care for both male and female offenders with a package of care coming into their area on release as part of their responsibility for their local population.

Children

The position for children differs in that the Welsh home local council must meet the care and support duties for children in the secure estate whether they are detained in England or Wales, just as they would if they were living in the community.

Table 9.1 sets out the responsibilities of local authorities in respect of the care and support needs of children in the secure estate, taking into account any previous involvement of social services, the ordinary residency of the child and where they are detained.

Table 9.1 Local authority (LA) responsibility for children in the secure estate

| Ordinary residence | Status of child | Detention location | Who |
|------------------------------|---------------------------------------------------------------|--------------------|-------------------------------|
| No ordinary resident status | Migrant or no ordinary resident status | Wales | Welsh LA where child detained |
| Ordinary resident in Wales | Regardless of previous involvement with social services | Wales | Welsh home LA |
| Ordinary resident in Wales | S20 or 31 of the Children Act 1989 prior to being detained | England | Welsh home LA |
| Ordinary resident in England | S20 or 31 of the Children Act 1989 prior to being detained | Wales | English home LA |
| Ordinary resident in England | No prior involvement with social services or not looked after | Wales | Welsh LA where child detained |
| Ordinary resident in Wales | No prior involvement with social services or not looked after | England | Dual responsibility |

Source: Presentation by Care Council for Wales, 'Assessing and Meeting the Needs of Individuals in the Secure Estate'

Transition to adulthood while in the secure estate:

When a child in the secure estate reaches 18 they are legally regarded as an adult. The local council, where the prison is located, must take responsibility for their care and support needs. In the majority of circumstances, there is no continuing obligation upon the Welsh home local council after the child reaches the age of 18, unless that same local council would be responsible as a result of the adult institution to which the young adult is being transferred is within their area.

Portability

Portability looks to ensure continuity of care. It applies to those receiving 'care and support' when they move across local council boundaries in Wales. The 'sending' council must notify the 'receiving' council of the intended move and ensure information contained within the assessment and care and support plan is made immediately available to the new council.

The 'receiving' council must, carry out a new assessment of needs, having regard to any changes arising from the move.

A local council must maintain the provisions in any care and support plan if a new assessment has not been undertaken prior to the move, until such time as a new assessment is undertaken.

In some cases, adults in the secure estate will move across the English/Welsh border: for example, inter-prison transfers to access approved premises or bail accommodation or when returning to local communities from the secure estate. While neither the portability arrangements in Wales, nor the continuity of care arrangements in England formally apply; the devolved administrations and Whitehall have agreed a common approach. This is set out in 'Principles of cross border continuity of care within the United Kingdom: Annex 2, Part 4 code of practice'¹.

Further information on the duties under the act can be found here:

<http://gov.wales/docs/dhss/publications/151218part11en.pdf>.

Safeguarding

The above link also includes relevant guidance on safeguarding adults and children in the secure estate.

The National Offender Management Service (NOMS) Prison Service Instruction (PSI) relating to Adult Safeguarding in Prisons, is available here:

<https://www.justice.gov.uk/downloads/offenders/psipso/psi-2015/psi-16-2015-adult-aafeguarding-in-prisons.pdf>

For further information relating to safeguarding please refer to the sections in each chapter.

¹ Welsh Government Social Services and Well-being (Wales) Act 2014 – Part 4 Code of Practice (Meeting Needs)
<http://gov.wales/docs/phhs/publications/160106pt4en.pdf>

9.2 Secure estate provision

Current provision

Prisons

There are currently no prisons in North Wales. On 31 December 2013, 857 prisoners had a recorded address in North Wales, from a total for Wales of 4,712 (Ministry of Justice, Freedom of Information response). This is the most recent, publically available information.

These offenders were located in around 80 prisons in the UK with the majority (adult males only) held at HMP Altcourse in Merseyside. In the North West, significant numbers were also in the male prisons of HMP Risley, HMP Wymott and HMP Garth.

The lack of prison provision in North Wales has long been an issue for the region. It has presented many difficulties for offender management including: making it operationally hard to manage; difficult to ensure the best rehabilitative outcomes for prisoners; and, impacted negatively on prisoners' children and families. It has also presented major issues in terms of Welsh language provision to prisoners. All these factors may make it more difficult to effectively manage the social care needs of those in the secure estate, including continuity of care on release.

These issues were highlighted by the Welsh Affairs Committee in their report on 'Welsh Prisoners in the English Estate, Third Report of Session 2006-7'² and in their follow-up report of 26 July 2010.³

Reports submitted by the North Wales councils and their Leaders to a Welsh Affairs Committee Inquiry in July 2014 on 'Prisons in Wales and the Treatment of Welsh Offenders' sets out the reasons why prison provision in North Wales is required (see links below).

<http://data.parliament.uk/WrittenEvidence/CommitteeEvidence.svc/EvidenceDocument/Welsh%20Affairs/Prisons%20in%20Wales%20and%20treatment%20of%20Welsh%20offenders/written/11115.html> - (July 2014)

<http://data.parliament.uk/WrittenEvidence/CommitteeEvidence.svc/EvidenceDocument/Welsh%20Affairs/Prisons%20in%20Wales%20and%20treatment%20of%20Welsh%20offenders/written/11110.html> - (July 2014)

Male prisons

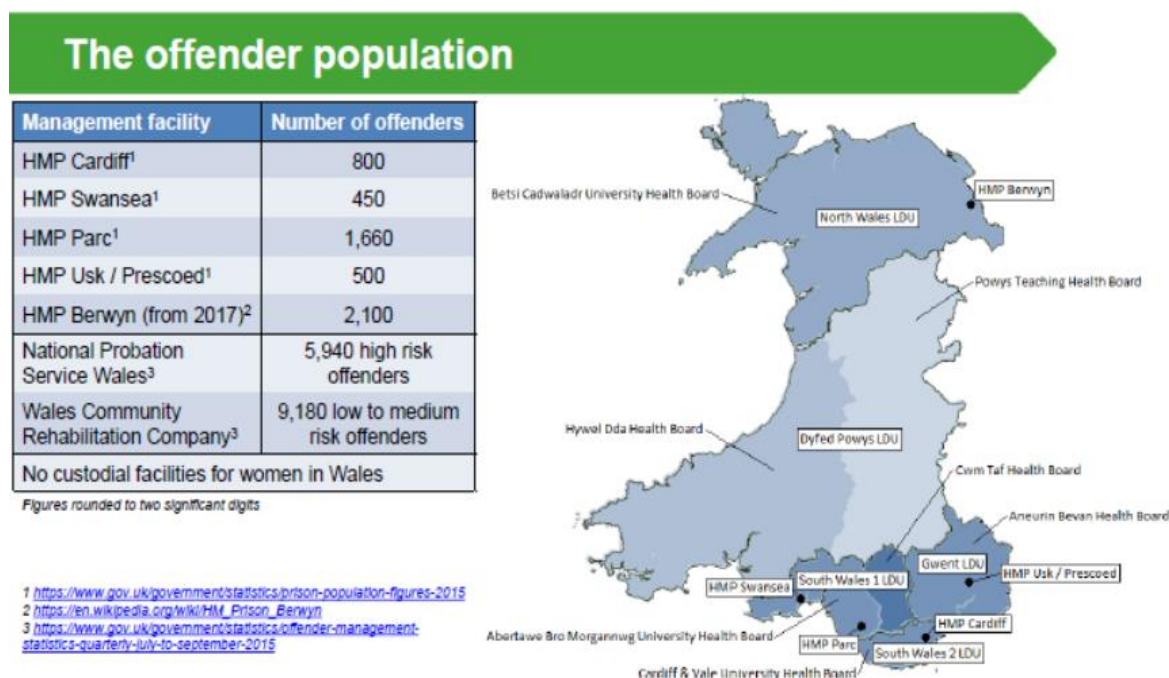
There are five male prisons in South Wales (see Figure 9.1), however, the men from North Wales generally serve their sentences in England: they tend to go to

² House of Commons – Welsh Affairs Committee 'Welsh Prisoners in the English Estate – Third Report of Session 2006-7' <http://www.publications.parliament.uk/pa/cm200607/cmselect/cmwelaf/74/74.pdf>

³ House of Commons – Welsh Affairs Committee 'follow up report July 2010' <http://www.publications.parliament.uk/pa/cm201011/cmselect/cmwelaf/398/398.pdf>

HMP Altcourse in Merseyside. Many prisoners, though, do not serve their whole sentence in Altcourse and there is significant movement to other prisons.

Figure 9.1 Welsh Offender Population and Prisons in Wales



Source: NOMS in Wales Presentation on ‘Supporting Effective Social Care Provision for Offenders through Efficient Data Sharing, 30 March 2016

In 2013, this was resolved, to some degree, with the Ministry of Justice announcement that it would be building a Category C adult male North Wales Prison to be operational from 2017.

Female prisons

- There are no female prison facilities in Wales. Many of the women from North Wales serve their sentences in HMP Styal in Cheshire which is the local prison for North Wales and the North West and receives from the courts. As of November 2016, there were 40 women from North Wales at HMP Styal (source: HMP Styal, 16 November 2016). There are twelve prisons for women in England (Ministry of Justice, 2016).

Approved Premises

Approved Premises (APs) are a distinct, non-custodial element of the NOMS estate providing accommodation with an enhanced level of supervision; they exist to protect the public and reduce reoffending. As such, APs provide a key element of the Probation Service’s offender management arrangements.

APs main purpose is to provide supervised accommodation for ‘high and very high-risk of harm’ offenders released from prison on licence.

Six of the 100 APs serving England and Wales are for women only, while the rest exclusively accommodate men. There are approximately 2200 residential places across the AP estate. Probation Trusts operate 89 APs; the other 11 are owned and operated by not-for-profit organisations on behalf of NOMS.

The mean average stay in an AP was 64 days in 2011/12, with the median length of stay 34 days and the mode five days – indicating a wide variation in length of stay ('A Review of Healthcare in Approved Premises, Phase 1 Report', National Offender Management Service, December 2013).

There are four approved premises in Wales, all for adult male (see Table 9.2). Two of these premises are in North Wales - Wrexham and Gwynedd.

There are no approved premises for women in Wales.

Table 9.2 Approved Premises in Wales

| Name | Type | Population | Local Council |
|-------------------|-------------------|----------------|--------------------------------|
| Quay House | Approved Premises | Male 18+ years | Swansea Council |
| Ty Newydd | Approved Premises | Male 18+ years | Gwynedd Council |
| Plas Y Wern | Approved Premises | Male 18+ years | Wrexham County Borough Council |
| Manderville House | Approved Premises | Male 18+ years | Cardiff Council |

Source: Welsh Government Presentation on 'SSWBA Part 11: Those in the Secure Estate – Adult Resettlement, 27 Jan 2016

Bail Accommodation

Bail accommodation holds people on bail and on Home Detention Curfew – these are adults who need a suitable address, or some support, so that they can be released. Certain people are not eligible:

- those convicted/charged with a sexual offence;
- those who pose a significant risk;
- those under 18 years of age; or
- those unable to pay rent or claim housing benefit.

There are 32 places in 11 bail accommodations in Wales (Figure 9.2). Only two of these (3 female and 3 male places) are in North Wales (Wrexham).

There is limited female accommodation.

Figure 9.2 Bail Accommodation in Wales

| Local Council | Male/Female |
|----------------|------------------------|
| Bridgend | 3 Male places |
| Cardiff | 4 Male places |
| Cardiff | 2 Female places |
| Llanelli | 3 Male places |
| Merthyr Tydfil | 3 Female (Temp) places |
| Newport | 3 Male places |
| Newport | 2 Male places |
| Swansea | 3 Male places |
| Swansea | 3 Male places |
| Wrexham | 3 Female places |
| Wrexham | 3 Male places |

Source: Welsh Government Presentation on 'SSWBA Part 11: Those in the Secure Estate – Adult Resettlement, 27 Jan 2016)

Youth Detention Accommodation (YDA):

Youth detention accommodation means:

- a secure children's home;
- a secure training centre;
- a young offender institution;
- detention in accommodation provided, equipped and maintained by the Welsh Ministers under section 82(5) of the Children's Act 1989 for the purpose of restricting the liberty of children; and
- accommodation or accommodation specified by order under Section 107(1)(e) of the powers of Criminal Courts (Sentencing) Act 2000 (youth detention accommodation for the purposes of detention and training orders).

Currently, there are no local secure provisions in North Wales for young people who are remanded into Youth Detention Accommodation (YDA) or sentenced by the Courts to custodial sentences (Detention and Training Orders-DTO- or Section 90-92 sentences from Crown Courts). This presents a significant issue as referred to previously, including around Welsh language, and it is not anticipated to change.

All placements in the national secure estate are some distance from North Wales. The general rule for placements is that children under 14 years will be placed in Secure Children's Homes (SCHs), 14 to 16 year olds will be placed in Secure Training Centres (STCs) and 16 to 18 year olds in Youth Offender Institutions (YOIs). There are a number of Secure Children's Homes across the country and the Youth Justice Board commissions a number of beds in each facility from the home councils who run them. The nearest one to Wrexham is at Barton Moss in Manchester.

There are currently three Secure Training Centres in the country (Rainsbrook in Rugby, Medway in Kent and Oakhill in Milton Keynes). Werrington YOI in Staffordshire is the local YOI for North Wales. It is understood that the lack of Welsh language provision here presents very specific issues.

The majority of Secure Children Homes and Secure Training Centres cater for young men. While there are three designated units for young women in the country - the nearest to North Wales is New Hall in South Yorkshire (Source: Wrexham County Borough Council, Youth Offending Team).

February 2017 Onwards – Prisons

HMP Berwyn - Category C Adult Male Population:

The position for the Category C adult male population will change significantly when HMP Berwyn opens in Wrexham in February 2017, with an operational capacity of 2,106. North Wales prisoners who are Category C will be housed at Berwyn along with English prisoners primarily from Cheshire, Greater Manchester, Merseyside and the Midlands.

This enables the Category C male population to be held closer to home, but women and young offenders will continue to be held outside of the region.

For the purposes of the Social Services and Wellbeing (Wales) Act 2014, all 2,106 men held within Berwyn will become ordinary residents of Wrexham County Borough. Wrexham County Borough Council will therefore have responsibility for the care and support for the men in the prison.

This duty will only transfer to another local council when prisoners are planning to be released and resettle in the community. At this point, the duty will move to the local council where they are planning to relocate and the portability arrangements apply to ensure continuity of care.

HMP Berwyn Profile

HMP Berwyn will be the largest prison in the UK. It is modelling new approaches and its culture will be driven by a focus on rehabilitation. The ethos is dedicated to providing a safe, decent and just environment where men are encouraged and assisted to prepare for a fresh start in life. The importance of Welsh language in the rehabilitation of offenders from Wales is recognised as is the key role of co-commissioning partners.

The key assumed characteristics of HMP Berwyn are as follows in terms of its general characteristics, its rehabilitative function and health and social care.

General

- It will be a Category C training prison.

- It will be a resettlement prison for men who will reside in North Wales on release.
- It will not serve as a resettlement prison for those held from England so towards the latter end of their sentence, men from England will transfer to a resettlement prison closer to their area of origin.
- It will have an operational capacity of 2,106 places.
- It will be the largest prison in the UK.
- There will be an emphasis on 'making big feel small' to help overcome the challenge of its size and to learn from previous new build prisons.
- It is the first prison operated by the public sector to be built for 30 years.
- Rehabilitation is its key driver - it will offer a variety of work, education, peer support and leisure opportunities for the men.
- There will be a small remand function.
- It will receive only adult males of 18 years and over.
- It will be a 'digital' prison – men will have access to 'in-cell' technology that will enable them to take more personal ownership of their lives.
- Welsh language and culture are integral to the prison.
- The prison will become operational in February 2017.

Rehabilitative vision/resettlement provision

- Berwyn will be at the forefront of the prison service's rehabilitative vision.
- There will be through-the-gate provision.
- Working with the children and families of the men in custody will be a key feature of the prison.
- There will be a 'learning academy' environment in the prison with a designated education block and work areas in two industries buildings.
- Novus and a local Further Education (FE) provider, Coleg Cambria, will provide the learning and skills work in the prison.
- Wrexham County Borough Council will deliver the library service.
- There will be a focus on skills and qualifications that will be informed by the local labour market to help the men get jobs after release.
- The aim is for prison life at Berwyn to feel as much like life outside as possible to aid resettlement and rehabilitation.

Health, Wellbeing and Social Care

- The prison will be smoke free.
- Any prisoner whose health and social care needs cannot be safely managed at HMP Berwyn prison will not be received.

- If a prisoner develops needs that cannot reasonably be safely managed by the North Wales prison, a transfer to an establishment with the required facilities would be made.
- The design and regime of the prison will facilitate the delivery of integrated health, wellbeing and social care to the population of the prison, including the enhanced health and wellbeing requirements of the remand population and the needs of the ageing population.
- The local health board will provide the healthcare and the local council will provide the social care.
- Health and social care services will be delivered in an integrated manner.
- The new prison will establish itself as a health-promoting prison adopting a whole prison approach to the health and wellbeing of its prisoners and staff.

HMP Berwyn Population Ramp-Up

Starting from February 2017, the prison will gradually build up to its full population with remand prisoners (those awaiting commencement or continuation of trial prior to a verdict) being the last to be received. Healthcare and adult social care partners will be advised by NOMS at least six months prior to the remand function (serving the region's courts) becoming operational at the prison.

Men will be introduced in cohorts over a period of approximately one year and will include men from North Wales who, where appropriate, will be transferred to complete their sentences at HMP Berwyn.

9.3 What we know about the population: key facts

Numbers

As of 31 December 2013, 857 prisoners, had a recorded address from North Wales from a total for Wales of 4,712.

This figure includes remand and sentenced, male and female prisoners, adults, young offenders and juveniles. This is a good reflection of the numbers in North Wales which tends to average around 750-850 places of which around 40-50 are female, 60-70 are young offenders and 50-60 are high security.

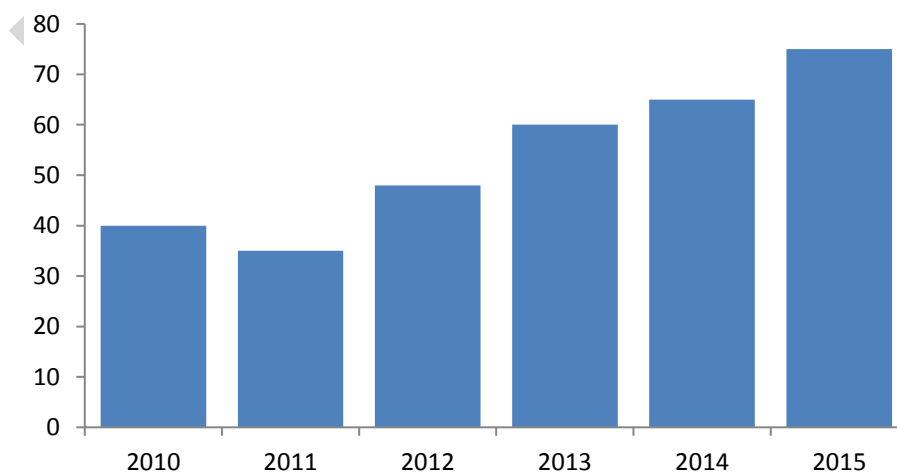
It has not been possible to establish the numbers of social care assessments carried out on this population, nor on the numbers that are eligible.

Women

Generally, women tend to represent around 5% of the overall prison population in the UK. On 17 June 2016, there were 3,861 women in prison in England and Wales (Bromley Briefings, Summer 2016).

Figure 9.3 set out the number of women offenders sentenced to immediate custody in North Wales from 2010 to 2015. Across Wales, the use of very short custodial sentences of six months or under has increased year on year since 2011. The total use of immediate custody for women in Wales is more complex.

Figure 9.3 North Wales female offenders who received an immediate custodial sentence of less than six months, 2010 to 2014

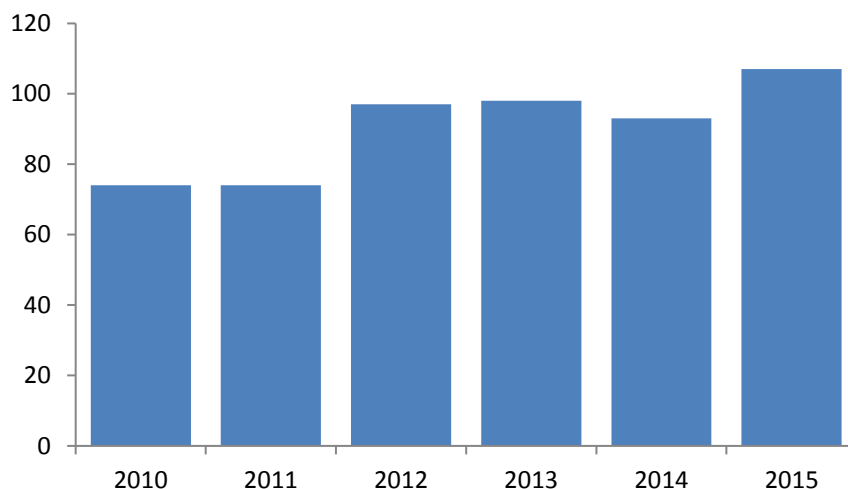


Source: Ministry of Justice, 2010-2015

Those sentenced to immediate custody with a sentence of six months or over has risen from 74 in 2010 to 107 in 2015 which is an increase of almost 50% in 5 years. These figures are troubling when the majority of women sentenced to

custody have committed non-violent offences and many are held a significant distance from their families causing significant disruption to family life and the process of rehabilitation.

Figure 9.4 North Wales female offenders who received an immediate custodial sentence of six months or more, 2010 to 2015



Source: Ministry of Justice 2010-2015

Children and Young People:

Figures on the numbers of children and young people who received a custodial sentence and how they have changed between 2013 and 2016 are shown in Table 9.3.

Table 9.3 Number of children and young people who receive a custodial sentence, North Wales, 2013 to 2016

| Local Council | April 2013 – March 2014 | April 2014 – March 2015 | April 2015 – March 2016 |
|----------------------|-------------------------|-------------------------|-------------------------|
| Conwy & Denbighshire | 7 | 4 | 8 |
| Flintshire | 6 | 1 | 2 |
| Gwynedd Mon | 4 | 1 | 2 |
| Wrexham | 6 | 6 | 11 |
| North Wales | 23 | 12 | 23 |

Source: Youth Justice Board

As of March 2016, there were 23 children and young people in the secure estate from North Wales against a figure of 881 (August 2016) for England and Wales (Youth Justice Board, Monthly Custody Report – August 2016).⁴

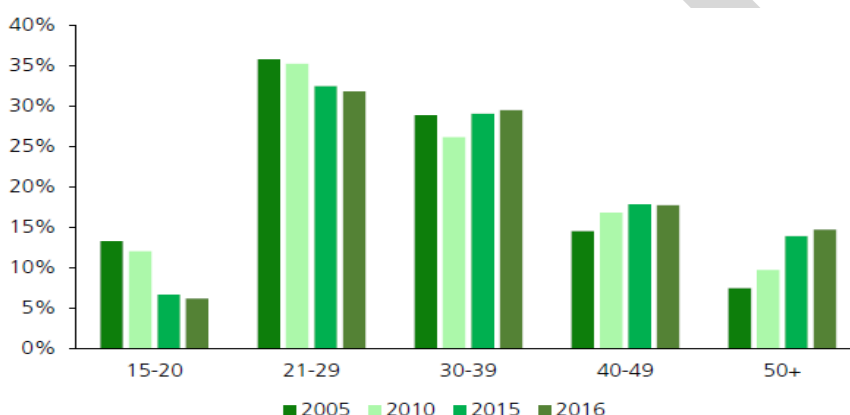
⁴ Youth Justice Board 'Monthly Custody Report' – August 2016 - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/567400/youth-custody-report-september-2016.xls

Headline statistics

The headline statistics for the prison population of England and Wales, as of March 2016, ('Prison Population Statistics', House of Commons Briefing Paper, 4 July 2016⁵, are as follows.

- There is a general underlying trend of an increasing number of people held in prison.
- The age profile of prisoners has changed over time. The prison population made up of offenders aged 50 years or over has increased proportionately more than any other age group. As at the end of March 2016 the number of prisoners aged 50 or over was 161% higher than the number in 2002. The trends do not vary by gender. This is an important fact in the delivery of social care.

Figure 9.5 Prison population proportion by age, 2005 to 2016



Source: 'Prison Population Statistics', House of Commons Briefing Paper, 4 July 2016.

- Individuals with sentences comprised around 87% of the prison population. Of this, adults accounted for around 94% of prisoners, 18-20 year olds 5% and 15-17 year olds around 0.6%.
- People on remand accounted for 8% of the prison population. Of these, 89% were adults, 9% 18-20 year olds and 1.9% 15-17 year olds. The remand population tend to have more acute and complex needs than sentenced prisoners.
- England and Wales had 146 prisoners per 100,000 head of population, the 11th highest rate in Europe and the highest Western Europe.
- The most frequent length of sentence being served was typically a determinate sentence of over 4 years. About a quarter of prisoners were serving sentences ranging between 1-4 years.

⁵ House of Commons Briefing Paper – 'Prison Population Statistics' -4 July 2016.
<http://researchbriefings.files.parliament.uk/documents/SN04334/SN04334.pdf>

Prisoner characteristics and implications for social care

See [appendix 1](#) for a full list of documents used to inform the local assessments for HMP Berwyn.

To support the implementation of the Social Services and Wellbeing (Wales) Act 2014 and the Care Act in England, the Ministry of Justice undertook a survey to estimate the social care needs of prisoners across England and Wales.

The survey found the following (Local Government Association, 2014) ⁶

- Less than one percent (0.9%) of the total prison population was reported to have one or more personal care needs.
- An estimated 5.5% of prisoners aged 50 years old or over had one or more personal care needs, compared with 0.2% of prisoners aged under 50.
- The proportion of prisoners with personal care needs increased with age, with 12.6% of 65-74 year-olds and 22.7% of those aged 75+ having personal care needs.
- Help with moving, bathing, eating and drinking and washing were the personal care needs most commonly reported for prisoners aged 50 years old or over.

Another report highlights the growing issue of offenders with multiple needs (Prison Reform Trust) ⁷. There is a need for integrated working so that these individuals do not fall below eligibility thresholds when personal needs are assessed separately. In Wales, the focus of assessment and care and support planning on outcomes moves away from identifying deficits caused by conditions should help reduce the potential for people falling below eligibility criteria.

The report also points out that adults with multiple needs often have a combination of mental health problems, learning disabilities, developmental disorders and behavioral and communication difficulties. They therefore frequently have difficulties with substance misuse, physical health, housing and relationships. It highlights that these issues are compounded in young people and stresses the importance of identifying these at the crucial stage of transition to adult services from children's services.

Two key documents prepared to support the planning and provision of health and social care at HMP Berwyn when it opens in are:

⁶ Local Government Association, 2014 – 'Social Care in Prisons questionnaire summary'
<http://www.local.gov.uk/documents/10180/5756320/Social+care+needs+in+prison/fbeaa153-6e1d-483d-9fa4-f90973291940>

⁷ Prison Reform Trust – 'Making the Difference: the Role of Adult Social Care Services in Supporting Vulnerable Offenders'
<http://www.prisonreformtrust.org.uk/Portals/0/Documents/Making%20the%20difference.pdf>

- the 'Prospective Initial Health Needs Assessment for North Wales Prison', May 2015 http://www.wales.nhs.uk/sitesplus/documents/888/North%20Wales%20prison_HNA_FINAL_19thMay.pdf;
- the 'Adult Social Care Prison Strategy', April 2016.

The key summary findings within these reports are set out below.

North Wales Prison Health Needs Assessment (Public Health Wales):

Generally, the health needs assessment reported that prisoners have:

- significant levels of poor mental health and personality disorders;
- an increased risk of self-harm and suicide compared to the general population;
- significant levels of substance misuse, alcohol misuse and tobacco use;
- high levels of multiple chronic conditions in older prisoners;
- significant levels of premature, 'accelerated', ageing and significant levels of preventable illness and disability;
- high levels of blood-borne viruses;
- little evidence to suggest routine access to primary and secondary preventative services and interventions prior to prison; and
- low levels of literacy and numeracy.

Other key findings (Stewart, 2008 and Ministry of Justice, 2014a) ⁸ showed the following.

- Nearly half the sample had been unemployed in the year before custody and 13% had never had a job.
- Fifty-eight per cent had truanted from school regularly and 46% had no qualifications.
- Pre-custody employment was more likely among men, adult prisoners and those serving longer sentences.
- Fifteen per cent were living in temporary accommodation or were homeless before custody; this was more common among short-term and adult prisoners.
- A quarter reported at least one long- standing illness or disability, muscular-skeletal and respiratory complaints were the most commonly reported health conditions.

⁸ Ministry of Justice 'The problems and needs of newly sentenced prisoners results from a national survey' – Duncan Stewart October 2008
<http://webarchive.nationalarchives.gov.uk/20100505212400/http://www.justice.gov.uk/publications/docs/research-problems-needs-prisoners.pdf>

- Over four-fifths of the sample (82%) reported one or more mental health symptoms, and a third (36%) reported between six and ten symptoms.
- The majority of prisoners had used illegal drugs during the year before custody, use of heroin or cocaine was more likely to be reported by women, adult prisoners and those sentenced for less than one year.
- Heavy drinking was reported by 36% of the sample, and was more prevalent among short-term prisoners and men.
- Prisoners tended to prioritise employment and skills deficits over health and family issues in terms of the help they wanted during the course of their sentence. Nearly half (48%) of the sample reported needing help finding employment. Help getting qualifications and improving work related skills were reported by 42% and 41% respectively. Around a third wanted help with housing and their offending behaviour.

Prisoners' health conditions have increased since the 1990s, but have been relatively stable in recent years.⁹

There are links between poor health and reoffending. For example, offenders with addiction or a mental health condition are more likely to need support with housing, education or employment to change their lives and prevent future victims. However, at the same time research shows these offenders will find it more difficult to access mainstream help than the general population. Increased health inequalities are therefore compounded by greater barriers to accessing services to meet those needs (Fazel and Baillargeon, 2011).

The Health Needs Assessment also highlights the specific characteristics and demands of the remand population as HMP Berwyn will have a remand function. The needs of remand prisoners compared to sentenced prisoners tend to be more acute and complex. A recent health needs assessment found higher rates of substance misuse and mental health disorders among remand prisoners (Cairns et al., 2014a). Men who are received from court tend to have more immediate health needs, such as acute detoxification or unmanaged conditions (Cairns et al., 2014a).

Adult social care prison strategy (Wrexham County Borough Council)

The strategy highlights the following.

- 0.9% of the prison population is estimated to have personal care needs.
- Mobility, washing, bathing, eating and drinking are the most common needs.

⁹ Ministry of Justice 'Research Summary 5 – 'Factors linked to reoffending: a one-year follow-up of prisoners who took part in the Resettlement Surveys 2001, 2003 and 2004' - Chris May, Nalini Sharma and Duncan Stewart <http://webarchive.nationalarchives.gov.uk/20110201125714/http://www.justice.gov.uk/publications/docs/research-factors-reoffending.pdf>

- 11% of prisoners are estimated to have a physical disability.
- 18% are estimated to have anxiety or depression.
- 8% are estimated to have a physical disability and anxiety or depression.
- These levels are about twice as prevalent in prison as they are in the community.
- Approximately 12.6% of the prison population is age 50 and over.
- 5 to 10% are estimated to have a learning disability compared with 2% of the general population.

Welsh Language

Welsh language provision in the secure estate has long been a key issue for the North Wales population because of the lack of secure provision in North Wales. This was one of the main drivers in the region's business case for the new prison.

In its 2007 report, the Welsh Affairs Committee expressed serious concerns around Welsh Language provision for Welsh prisoners. This was particularly disconcerting because of evidence showing that prisoners kept in conditions where they do not understand the primary culture, dialect or languages being used can face higher levels of stress than normal and problems sustaining a positive sense of identity.

The opening of HMP Berwyn in 2017 will address this issue for adult males in the category C prison estate, however, serious issues will still persist for women, young offenders and adult males that are held in category A and B prisons and those category C men that are not held at HMP Berwyn by virtue of their very specific needs.

Resettlement

Effective resettlement is key to reducing re-offending. The facts around re-offending are as follows:

- 45% of adults are reconvicted within one year of release;
- for those serving sentences of less than 12 months, this increases to 58%; and
- over two-thirds of under 18s are reconvicted within one year of release (Prison Reform Trust, 2015).

For population data around resettlement see the documents listed in [appendix 2](#).

The lack of provision in North Wales makes it difficult to:

- meet the resettlement needs of people from North Wales under the seven pathways of accommodation; education, training and employment; mental and physical health; drugs and alcohol finance benefit and debt; and children and families.
- develop the vocational and employability skills in demand from employers in North Wales due to the difficulties in developing link with employers and educational and training organisations.
- develop effective partnership working and good local resettlement arrangements.

Given the links between poor health and reoffending and the new responsibilities under the act, including portability arrangements, this is particularly disconcerting. HMP Berwyn will assist in the resolution of some of these difficulties.

Housing needs

Stable housing can act as a gateway to resettlement and there is a link between being homeless or living in temporary accommodation and reoffending. A lack of accommodation can reduce former prisoners' chances of finding employment. People who have accommodation arranged on release are four times more likely to have employment, education and training arranged than those who don't ('Resettlement Outcomes on Release from Prison', Niven and Stewart, 2005).

Ministry of Justice - Accommodation homelessness and re-offending of prisoners – (March 2012)

<https://www.gov.uk/government/publications/accommodation-homelessness-and-reoffending-of-prisoners>

Entitlement to housing benefit stops, however, for all sentenced prisoners expected to be in prison for more than 13 weeks. This means that many prisoners have very little chance of keeping their tenancy open until the end of their sentence and lose their housing.

Local authorities have a statutory duty to assist homeless and vulnerable ex-offenders in some circumstances, however due to changes in homelessness legislation in 2015, the degree of priority given to those leaving the secure estate has changed. However, the duty under the Social Services and Wellbeing Act to assess and meet the care and support needs of those in the secure estate who are leaving the secure estate applies.

Table 9.4 shows nearly 200 people who have directly left the secure estate were referred for housing assistance between January and September 2016. There is a single point of contact in place for Conwy, Denbighshire, Flintshire and Wrexham, however, this post is temporary until March 2017. Figures for Anglesey and Gwynedd are unavailable. Wrexham County Borough Council clearly has the highest level of demand for these services.

Table 9.4 Number of referrals for housing assistance for people who have left the secure estate, January to September 2016

| Local Council | Number. of referrals for housing assistance |
|---------------|---------------------------------------------|
| Conwy | 21 |
| Denbighshire | 9 |
| Flintshire | 35 |
| Wrexham | 134 |
| Total | 199 |

Wrexham County Borough Council Housing Department, October 2016

These figures refer to all adults and young people leaving the secure estate but not children. While they show demand, it is not always the case that those referred for assistance will approach the local council when leaving the secure estate.

This data cannot be compared with previous years, as the homelessness duties towards those leaving the secure estate changed in April 2015. Prior to this, all prison releases were owed a duty under legislation. Therefore, the figures would have been much higher (Source: Wrexham County Borough Council Housing Department, October 2016).

Children & Families

NOMS' figures suggest that 59% of men in prison have children under the age of 18, therefore a prison the size of HMP Berwyn, could have approximately 1,242 men with children under 18.

An offender's family and friends are central to their successful rehabilitation and: '*an offender's family are the most effective resettlement agency.*'¹⁰ Positive family engagement while in custody amounts to an average financial cost saving upwards on a scale that starts at £16,000 for each individual, for each cycle¹¹.

However, many individuals in the secure estate do not have contact or regular contact with their families. This is proven to have a direct correlation with re-offending rates. The 2008 Ministry of Justice (MoJ) Resettlement Survey stated

¹⁰ The 2015 Joint Thematic Inspection Report of Resettlement of Adult Offenders https://socialwelfare.bl.uk/subject-areas/services-activity/resettlement/criminaljusticejointinspection/1693032014_Resettlement-thematic-for-print-Sept-2014.pdf

¹¹ The Indigo Trust Measuring Together 'Improving prisoner family ties – piloting a shared a shared measurement approach – April 2011 <http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwj8oor11rLQAhUkB8AKHTBoDBUQFggpMAA&url=http%3A%2F%2Fwww.thinknpc.org%2Fpublications%2Fmeasuring-together-2%2Fimproving-prisoners-family-ties%2F%3Fpost-parent%3D4836&usq=AFQjCNFVCBK6pxaiaOzN2IYKgabHLbuksw>

that “*offenders who had received at least one visit during their time in custody were 39% less likely to re-offend than those that had received no visits*”.

In some areas, these re-offending rates are reduced by work done within both male and female prisons with the affected children and families. This has also been proven to have positive outcomes on inter-generational offending and the well-being outcomes of the children and families.

There are an estimated 200,000 children affected by parental imprisonment each year in England and Wales (MOJ, 2012). However, there is no official measure for identifying those children, little awareness of their specific needs and no systematic support. Such uncertainty about a large group of vulnerable children means that the services and support that they could benefit from, may not be available to them.

Research and practice shows that the impacts on children of having a parent in prison are generally negative and their outcomes tend to be worse than those of their peers; these are even more acute when the mother is in prison:

- only 5% of children remain within the family home when a mother goes into custody;
- 12% of children with a mother in prison go into care; and
- women prisoners are held much further away from home.

Such chronic stress from childhood can cause long-term harm as demonstrated in the Public Health Wales (2015) report on Adverse Childhood Experiences (ACE) where parental separation is classed as a significant ACE leading to health-harming behaviours.

Children with a parent in prison are twice as likely as other children to experience conduct and mental health problems and three times more likely to be involved in offending activity themselves, with 65% of boys with a convicted father going on to offend. They also cost the public purse ten times more by the age of 28.

In North Wales, informal estimates suggest that approximately 7,112 children of school age could be affected by a parent in prison (see Table 9.5). If 50% of these are boys, based on the data above, over 2,000 could go on to offend themselves, having an impact on services across the board.

Table 9.5 Estimated number of school age children affected by the imprisonment of a parent

| | Number of children in school | Estimates number affected by parental imprisonment |
|--------------|-----------------------------------------|-------------------------------------------------------------------|
| Anglesey | 9,665 | 677 |
| Gwynedd | 17,041 | 1,193 |
| Conwy | 15,916 | 1,114 |
| Denbighshire | 15,653 | 1,096 |
| Flintshire | 23,649 | 1,655 |
| Wrexham | 19,676 | 1,377 |
| North Wales | 101,600 | 7,112 |

Source: Calculated from PLASC data January 2016, assuming 7% affected, (DoE, 2003)

Draft

9.4 What are people telling us?

Population assessment consultation

As part of the population assessment consultation was carried out with key organisations. Two responses were received relevant to this chapter: the National Probation Service as an organisation and the National Probation Service in its capacity as an Approved Premises.

The National Probation Service is a statutory criminal justice service that supervises high-risk offenders released into the community. They are responsible for assessing offenders in prison preparing them for release on license to the community, where they will come under their supervision.

The service reported the following.

Challenges: poor access to health care, continuity of health care post-prison, social support into specialist housing for the elderly and disabled, occasionally difficulties with education and training requirements and being able to obtain employment.

Main service providers who support the Probation Service: the local council, substance misuse agencies, community mental health teams, education and training providers and other partner agencies through MAPPA.

Overall: most things are working well, but at times there is a lack of long-term planning and sometimes there is a sense of last minute solutions having to be found by staff. There are very strong working links with a range of partners and service providers and this has helped strengthen their joint working arrangements, while improving their ability to make referrals and enabling them to be better equipped to provide people with the necessary information on the support which is available to them.

Things that don't work so well: on occasions, staff can experience difficulty in obtaining assessment information from partners, therefore making it difficult for staff to identify and assess their relevant needs and making the necessary referrals. Staff can also experience difficulty in gaining access to equipment such as wheelchairs, crutches, suitable seating and beds for the elderly and disabled residents within their approved premises.

Other issues highlighted: the lack of suitable housing within a number of regions of Wales which is making it difficult to find suitable stable accommodation for people leaving the secure estate and approved premises.

To improve the service they currently offer: they would like to see the development of a clearer information-sharing process to ensure that social care needs are identified early and appropriate referrals are made in order to meet their needs. They also suggested at looking at putting protocols in place with

partners detailing the type of information which can be shared, including the provision of training for front line staff so they are clear on what information they are permitted to share.

Next steps

No consultation was carried out with the service users with experience of the secure estate and this is highly recommended for future work along with consultation with additional organisations.

Supporting consultation information

Department of Health (2014) consultation¹² highlighted the following themes as important: communication, assessment, engagement of service users and finance.

Welsh Government has set up a stakeholder group to learn from best practice from local councils with prisons in their boundaries in South Wales. This report will be available in February 2017 and it is recommended that there is engagement with this piece of work.

A national survey recommended that rigorous assessment of prisoners needs should take place at the earliest opportunity. It reported that the Offender Assessment System (OASys), a standardised risk assessment and sentence planning tool, is not routinely available for prisoners sentenced to less than 12 months, who constitute the majority of the sentenced population (Stewart, 2008).¹³ However, all prisoners on their first reception to a local prison are now assessed using a standardised tool: the Basic Custody Screening Tool (BCST).

¹² User Voice – ‘What people with convictions think about care in custody’
A service user response to The Department of Health’s consultation on The Care Act (2014) - September 2014
<http://www.uservoice.org/wp-content/uploads/2014/11/User-Voice-Who-Cares.pdf>

¹³ Ministry of Justice – ‘The problems of needs of newly sentenced prisoners: results from a national survey – (Stewart 2008)
<http://webarchive.nationalarchives.gov.uk/20100505212400/http://www.justice.gov.uk/publications/docs/research-problems-needs-prisoners.pdf>

9.5 Review of services currently provided

Historical Provision

Previously, the responsibilities for meeting the social care needs of those in the secure estate have been unclear, and this has led to confusion between local authorities, prisons, probation services and other organisations. This created historical difficulty in ensuring needs were met. The relevant acts in England and Wales have clarified local council responsibility for care and support for prisoners to ensure that they are entitled to receive equivalent provision to people in the community (with limited exceptions). Local councils are required to work in partnership with the National Offender Management Service and health services.

Prisoners can often have complex health and care and support needs and generally experience poorer physical and mental health outcomes than the general population. Evidence demonstrates higher prevalence among the adult prison population of mental illness, substance misuse and learning disabilities than in the general population. The population of older prisoners (aged 50 years and over) in particular has increased in recent years and with it the incidence of age related disabilities and needs. Access to good integrated health and care and support is particularly important for these groups.

Current Provision

Policy for the delivery of adult social care into prisons in Wales is set out in the Welsh Government National Pathway for care and support for those in the secure estate: Adults in Prisons. This pathway includes the Prison Service, the Community Rehabilitation Company, social services and housing services (for the delivery of housing services support for prisoners on release).

It is also expected to deliver a significant improvement on the assessment, planning and delivery of support to released prisoners. The new pathway will put in place a 12 week discharge pathway. The previous experience in which the Prison Service, social services and housing services were not part of an integrated pathway could lead to the release of prisoners with only days' or hours' notice.

Policy for the delivery of health and social care services into the prison is set out in a range of Prison Service Instructions (PSIs) published by NOMS including: PSI 03/2016: 'Adult Social Care'.

There is currently, however, no information publicly available on the number of assessments undertaken and the numbers classed as eligible. It is recommended that the secure estate be contacted directly to establish these figures.

Planning for HMP Berwyn

Clearly, the largest social care obligation for North Wales' services will come on the opening of HMP Berwyn when men in the secure estate become ordinary residents of Wrexham County Borough. This places a significant new duty on the local council as it relates to people in the secure estate.

Integrated health and adult social care:

The partners involved have taken the opportunity to establish an integrated model of health, social care and custodial care from the outset. This will make it easier to provide timely, consistent and efficient personal care and support to the small number of prisoners expected to require it.

A model of integrated provision has been developed by the council with the Betsi Cadwalder University Health Board (BCUHB), with an expectation of close working relationships with the prison and various other services on offer at HMP Berwyn such as education and the library. This is based on needs assessments carried out by BCUHB and Wrexham County Borough Council [\[add reference\]](#). These assessments were undertaken separately based on assumptions about the prison and the profile of the population. Future work will be done jointly. Understanding about the remand population is also limited as there are very few remand-specific studies and it is recommended that when the prison is open, data on the social care need of both the category C and the remand population is collated.

The governance for health and social care provision at HMP Berwyn is through the Prison Health, Wellbeing & Social Care Partnership Board, which is operating in a shadow form during the mobilisation phase. This includes representatives from BCUHB, Welsh Government, NOMS, Public Health Wales, the Welsh Ambulance Service, NHS England and Wrexham County Borough Council's Adult Social Care.

Both BCUHB and Wrexham County Borough Council are also part of the programme governance for HMP Berwyn.

Responsibility for planning for support for prisoners post-release is shared with the National Probation Service and the Community Rehabilitation Company (CRC). For the care and support needs specifically, when offenders are planning to be released and resettle in the community, the duty is with the local council where they are planning to relocate and portability arrangements apply. Therefore, all North Wales' local authorities will be responsible for continuity of care for offenders with a package of care coming into their area on release as part of their responsibility for their local population.

Adult social care:

Wrexham County Borough Council's Adult Social Care Department is now shaping its services to meet the duties of the act including information, advice and assistance and prevention services that are integrated with the NHS. They will in summary:

- provide an information line providing advice and guidance;
- provide a Daily Living Support Service;
- directly provide social care needs assessments for men who may have a need for care and support with day-to-day activities;
- work across Berwyn to promote wellbeing and to ensure that the care and support needs of the men are understood and met; and
- provide equipment or put in place additional provision to meet an eligible need for care and support that would otherwise not be met.

This represents a high level of embedding of social care into the prison ethos and is not a standard model.

The majority of prisoners are estimated to have wellbeing needs at some level and the information and prevention services will need to be tailored to the specific needs of prisoners. This requires a specific approach to be developed due to the particular needs of prisoners.

Care and support needs for prisoners will be provided by Adult Social Care, for which demand is not expected to be high. [See WCBC 'Adult Social Care Prison Strategy', April 2016 \[add reference\] for more information.](#) As the prospective population begins to be identified, there will be a better picture as to the populations needs. For planning purposes, Wrexham County Borough Council is informed by its Social Care Strategy.

The feeder prisons for Berwyn have also been identified. A recommended next step therefore would be to source available health and social care needs assessments and data held by the National Offender Management Service (NOMS) for the men from those prisons that will be held at HMP Berwyn.

Young people

Children and young people who experience custody often have multiple and complex problems and a history of failed attempts by professionals to provide them and their families with the help and support they need to achieve positive outcomes in life.

The lack of secure estate provision in North Wales prevents further issues for young people who for are remanded into Youth Detention Accommodation (YDA) or sentenced by the Courts to custodial sentences

When convicted, a comprehensive assessment is undertaken to locate a suitable placement within the secure estate that will meet the young person's needs and address any risk of harmful behaviours and safety and wellbeing issues they may present. If the young person presents specific concerns regarding their welfare (for example, a 17 year old with significant safety and wellbeing issues), they may be placed in a Secure Children's Home or Secure Training Centre but this is often dependant on availability.

Once in the secure estate, there is a special unit at Wetherby YOI (Keppel Unit) where particularly vulnerable young people with complex needs can be placed agreed between the Youth Justice Service and custody staff, while most Young Offenders Institutes have special wings too.

When a young person has offended, most are subject to unconditional or conditional bail, imposed by the Police or the Courts, until they are sentenced. Under the Legal Aid, Sentencing and Punishment of Offenders Act 2012 can be refused under certain criteria, such as for serious crimes, re-offending while subject to bail conditions and breaches of conditions of bail. This means the child or young person could be remanded to the care of the local council. The local council can place the child/ young person back at home with their parents, with additional support, unless the court specifies otherwise. In that case, the local council has the duty to seek suitable alternative accommodation with for example, extended family, foster carers, or a residential placement. Such a duty would end upon sentencing.

When the offences are so serious, or the young person continues to re-offend while on bail/ remand, the courts can then remand to Youth Detention Accommodation (YDA). The young person is then placed in the secure estate, but additionally becomes a 'Looked After Child' for the duration of their stay. In practice, this means that a social worker is appointed to the case by the home local council to assess the young person's needs and an Independent Reviewing Officer is appointed to conduct a Care Planning meeting within the first week of placement and statutory reviews/ meetings at 4, 7 and every 6 weeks thereafter. If the child/ young person remains in Youth Detention Accommodation for 13 weeks and over, they then become eligible to receive leaving care services.

Young offenders from North Wales currently serving their sentence in English prisons tend to find it difficult when entering the secure estate and have to live and associate with young people from England, with some saying they would like to be with other young people from Wales. In some institutions, gang members are imprisoned, introducing local young people to different lifestyles, cultures and offending behaviours.

Parent and family contact with young people in the secure estate is often difficult to sustain due to the long distances involved, although some assistance and accommodation is available in certain circumstances.

Wrexham County Borough Council has planned for a while to develop an alternative local provision to prevent the need for young people to be remanded to Youth Detention Accommodation. They are looking to provide accommodation which will be staffed by a commissioned provider and supported by staff from Children's Services and the Youth Justice Service. We hope to have a facility available within this current financial year. There is also an identified need to recruit suitable foster carers to provide remand accommodation, but this has proved difficult for several years due to the challenging behaviours and risks these young people can present, which carers struggle to contend with and manage in their own homes.

Wrexham Youth Justice Service works closely with several agencies to ensure that young people at risk of entering custody/ remanded to Youth Detention Accommodation / serving a custodial sentence are provided with support services at every stage.

Under the National Standards and Case Management Guidance provided by the Youth Justice Board (Ministry of Justice), the Youth Justice Service ensures young people in custody receive through care support throughout the duration of their custodial sentence, and transition through to adult services, including the National Probation Service, should they turn 18 years of age during their sentence.

As part of this process, Wrexham Youth Justice Service staff plan towards the young person's rehabilitation and release into the community, mostly under licence conditions and report to the 'Resettlement and Support Panel'. This is a multi-agency forum to assist in delivering the resettlement plan for the young person. The panel includes management representatives from Children's Services, Housing, Police, Education, CAMHS, Youth Justice Service and Youth Services. The meeting will also discuss young people who present with complex needs and who are potentially at risk of entering custody in the near future. This provides another opportunity for agencies to work together and avoid young people entering the secure estate.

Improving resettlement outcomes for young people is a priority for the Youth Justice Board (YJB), and in the programme of work carried out by Youth Justice Board Cymru in Partnership with the Welsh Government.^{14 15 16}

One recurring problem has been the lack of continuity of 'care' between custody and the community, which is fundamental to effective resettlement and reintegration into the community. The Youth Offending Team (YOT) Reintegration and Resettlement Partnership Board (RRPB) is a multi-agency partnership put together to address gaps and barriers to effective resettlement

¹⁴ Youth Justice Board – 'Youth Justice Board Plan 2016 to 2017'

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/567003/yjb-business-plan-2016-17.pdf

¹⁵ Youth Justice Board – 'Strategic Plan 2015 -2018'

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/469954/YJB_Strategic_Plan_2015-18.pdf

¹⁶ Youth Justice Board for England and Wales 'Business Plan 2016/17'

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/567003/yjb-business-plan-2016-17.pdf

and reintegration for young people (aged 10 to 18 at support request stage) experiencing significant change or transition in their service provision.

A mapping of resettlement services for young people from North Wales was undertaken in 2013.¹⁷ This aim of the work was to build up a comprehensive picture of:

- existing services available to young people;
- the gaps in service provision;
- barriers encountered during the resettlement process;
- weaknesses in the current arrangements; and
- identification of good practice.

The North Wales Resettlement Broker Project has been running since August 2013. The function of the project was to map current resettlement practices across the region for young people being resettled after serving time in custody, with a view to identifying how these practices could be improved across all sectors involved. A copy of the final report was published this year with further recommendations.¹⁸ One of the recommendations was for a good practice guide and this has been produced.¹⁹

Women

As women in the secure estate are held outside of the region and will continue to be held outside of the region, more understanding is required of their needs. It is recommended that further work be done in this area.

Housing

Those who are leaving accommodation in the secure estate are managed in line with Welsh Government's National Pathway.²⁰ This sets out the services available to a person as they prepare to leave accommodation in the secure estate if housing has been identified as an issue as the plan for their release, with their Offender Manager.

This pathway is the first of its kind in the UK, and aims to improve the way the organisations work with prison-leavers.

¹⁷ Llamau – 'Mapping of resettlement services for North Wales - An analysis of strengths, weaknesses, barriers, and gaps for young people' [http://www.llamau.org.uk/creo_files/products/llamau_mapping_report_\(north\).doc](http://www.llamau.org.uk/creo_files/products/llamau_mapping_report_(north).doc)

¹⁸ Llamau – Resettlement Broker Project Report 'Final Report 2016' http://www.llamau.org.uk/creo_files/default/final_report_on_the_resettlement_broker_project.pdf

¹⁹ Youth Justice Service – 'Reintegration and Resettlement Partnership Boards – Good Practice Guide' http://www.llamau.org.uk/creo_files/default/reintegration_and_resettlement_partnership_boards_-_good_practice_guidance.pdf

²⁰ Welsh Government 'National Pathway for Homelessness Services' <http://gov.wales/docs/desh/publications/151215-national-pathway-for-homelessness-services-en.pdf>

The Pathway addresses the requirements of the Welsh Government's Housing (Wales) Act April 2014. The act brought about the most fundamental reform to homelessness legislation in over 30 years and placed a duty on local councils to work with people who are facing homelessness at a far earlier stage to help find a solution to their housing needs.

The National Pathway was developed after extensive consultation with organisations including Shelter Cymru and the Welsh Local Government Association (WLGA). It pays particular attention to the needs of people leaving custody to prevent them from becoming homeless to improving their resettlement into society and reduce their risk of reoffending.

Prisoners facing homelessness will begin to receive support 56 days before their release. The Pathway also clarifies the roles and responsibilities of all the agencies and organisations involved in the process, resulting in a more coordinated approach and better support for people leaving custody.

Adults

For all adults in the secure estate, individual resettlement plans will be drawn up at the reception stage. At 12 weeks prior to release, this resettlement plan will be reviewed and updated as necessary. If no housing need has been identified and there is an address, the details will be forwarded to the relevant local council for comment.

If there is an identified housing need, the Wales Community Rehabilitation Company (WCRC), must support a prisoner to retain or find suitable alternative accommodation.

A further review of accommodation needs will be carried out, 66 days prior to release, by the National Probation Service in conjunction with WCRC. If there is still an identified housing need at this stage a referral will be sent to the relevant local council through the prisoner's Offender Manager. When forwarding the referral, the Offender Manager will include a risk assessment. This is to ensure that a thorough assessment of any housing duty owed to the prisoner can be carried out need.

If it is decided that there is a duty owed, the local council must then take over responsibility for providing reasonable steps to help secure accommodation. These reasonable steps will depend upon whether the prisoner is owed a duty under s 66 or s 73 of the Housing (Wales) Act 2014.

Children and young people:

The key differences to the pathway for children and young people are as follows.

- There is no 12 week trigger for reviewing resettlement plans. They are reviewed on a monthly basis.
- Youth Offending Teams will work with them to help access suitable alternative accommodation on release.
- If the prisoner has not yet reached the age of 18, it is the responsibility of Children's Services to help and support children and young people access suitable accommodation on release.

Housing challenges:

Sourcing suitable accommodation for those who are leaving the secure estate raises particular issues. The following issues have been identified by Wrexham County Borough Council's Housing Service.

There are difficulties when trying to find suitable accommodation for single people. Traditionally, councils have concentrated on building family housing. Consequently, smaller units of general needs accommodation become available for allocation less frequently than other property types. This has been further exacerbated by the introduction of the Housing Benefit changes introduced as part of the Government's Welfare Reform agenda.

Social Housing tenants, of working age, who are in receipt of Welfare Benefits, have had their Housing Benefit reduced by a certain percentage if they are under occupying their current property. This has increased demand on smaller general needs properties, at a time when demand is already relatively high, as people are looking to downsize.

Similarly, single people under the age of 35 years of age, who are privately renting are currently, only able to claim sufficient Housing Benefit at the rate that is commensurate with that of renting a room in a shared house. This creates further pressures as for some people who are leaving the secure estate, sharing accommodation might not be a feasible option.

Sourcing supported accommodation can also bring its challenges. Depending on a person's needs, certain types of specialist supported accommodation are more difficult to source than others. Reserving rooms in supported accommodation can be problematic, in particular when emergency or crisis cases arise that need to be accommodated as a matter of urgency. Sometimes, this can lead to places that have been earmarked for someone leaving the secure estate being allocated to a person who presents at Housing Options, on that day with a pressing need for assistance.

Housing Benefit (HB) regulations, can also determine a person's housing situation. Depending upon the length of a sentence, it is in some cases, it is possible for a person entering the secure estate to continue to claim HB. This can mean that accommodation can be kept and upon release, their former property is still available for occupation.

Otherwise, unless there are sufficient funds available to meet the cost of the weekly rent, some have no option but to surrender a tenancy. This is to avoid large arrears of rent accruing. This does mean however, that a person is faced with homelessness upon their release from the secure estate.

Partner organisations

There are several organisations that provide various forms of additional support or accommodation. These can widen a person's housing options, help people to maintain their current tenancies or in the case of supported accommodation, provide support until such time as a person is able to move into general needs accommodation. More information is available from Supporting People²¹

What works well?

Working in partnership with other housing and support providers currently works well. There are good working relationships that have been established over time. These can help to smooth a person's transition from the secure estate into more settled accommodation.

While acknowledging that there is a shortage of suitable move-on options for those living in the secure estate, having good working relations can go part of the way to help mitigate these deficiencies.

Future considerations for housing:

The building of HMP Berwyn will present different considerations for councils.

For although the responsibility of meeting the care and support needs of a person resident in the secure estate, rests with the local council where the accommodation is located, once the release and resettlement process begins for any person, the duty moves to the council where they are planning to relocate to.

There will be a need for prompt systems to be in place in order to engage with those who are leaving the secure estate at the earliest possible opportunity. This will enable the correct intervention being put in place and referrals made to the appropriate North Wales council.

Children and families

Much recent work has been done at the North Wales level to highlight the needs of the children and families of offenders and to show the direct correlation between contact with families and the re-offending rates of those in the secure estate. This has resulted in the development of a strategic and practical cross-

²¹ Wrexham County Borough Council 'Wrexham Supporting People Directory'
https://www.wrexham.gov.uk/assets/pdfs/housing/supporting_people/supporting_people_directory.pdf

partnership response to identifying the children in North Wales and supporting the children and families of North Wales affected by the imprisonment of a family member. This work is being undertaken by the partners on the North Wales Safer Communities Board and will include the following.

- Gathering information and data to develop a more informed picture of the needs of the children in North Wales and how many children are affected.
- Mapping the gap between theory and practice in North Wales and looking at solutions to fill the gap effectively including information-sharing protocols.
- Directly engaging with HMP Berwyn to influence the development of their children and family approach.
- Enabling service providers to better meet these needs through guidance, information and awareness raising to develop a whole family approach.
- Increasing awareness about the issue and communicating the work.
- Increased multi-agency working.

At a regional level, it is hoped that this approach will:

- provide an immediate focus for collaboration, multi-agency working and effective communication;
- make it easier to engage other key organisations including the third sector and the private sector; and
- demonstrate a unified North Wales commitment to maximising the outcomes for prisoners and their children and families.

It is anticipated that this will be a five year programme to embed the work in the region.

9.6 Conclusion and recommendations

The new act heralds a historic change in local government's social care responsibilities for the men, women and children held in the secure estate and on their release into the community. Previously, the responsibilities for meeting the social care needs of those in the secure estate were unclear and this led to confusion between local authorities, prisons, probation services and other organisations.

The act clarifies responsibilities and ensures that those held in the secure estate are entitled to receive equivalent provision to persons in the community and requires local authorities to work in partnership with the National Offender Management Service and health services. It presents opportunities to implement integrated care pathways and joint service provision for the health and social care needs of those in the secure estate.

Given that prisoners can often have complex health and care and support needs and generally experience poorer physical and mental health, this presents a significant development.

A focus on health and wellbeing is also contributing to a renewed focus on rehabilitation, resettlement and a reduction in re-offending.

This is evidenced in the planning for HMP Berwyn which will open in North Wales in February 2017. HMP Berwyn is modelling new approaches and its culture will be driven by a focus on rehabilitation. The ethos is dedicated to providing a safe, decent and just environment where men will be encouraged to prepare for a fresh start in life. The importance of Welsh language in the rehabilitation of offenders from North Wales is recognised as is the key role of co-commissioning partners.

◀ This puts the adult male category C population in a good position. It will help strengthen links between local councils in North Wales and the prison and will support effective rehabilitation. Women and young offenders, however, will continue to be held outside the region as well as men from other categories and those whose health and social care needs cannot be safely managed at HMP Berwyn.

A better understanding of the needs of these groups is required and on release the duty for adults will move to the local council to which they are resettling as part of the requirement for continuity of care under the act; this includes services such as housing. This presents a unique opportunity to develop a model for creating links with prisons outside of North Wales, including those holding women from North Wales.

Recommendations are included within the relevant sections of the chapter, however, the key recommendations to arise from the work of this chapter include the following.

- Further consultation with stakeholders, including service users.
- An integrated health and social care needs assessment to be conducted for HMP Berwyn after the prison has become operational in partnership between BCUHB and Wrexham County Borough Council.
- Data on the social care needs of both the Category C and remand population to be collated when HMP Berwyn is operational.
- The putting of protocols in place with partners detailing the type of information which can be shared.
- Engagement with the Courts to develop protocols for the remand of disabled persons to ensure that their remand disposals are able to meet their specific needs on admission.
- The development of partnership working with the prisons in South Wales to share learning.
- Better understanding of the social care needs of women and youth and the very specific considerations attached to these groups.
- Children and families – support for the regional approach to develop a children and families model and links in with this work.
- Homelessness: the need for prompt systems to be in place in order to engage with those who are leaving the secure estate at the earliest possible opportunity; this will enable the correct intervention to be put in place and referrals made to the appropriate council.
- The transition of care once prisoners are discharged ‘through the gate’ needs to be embedded within the community, providing continuity of care to ensure health gain while in prison is sustained on release.

Appendix 1: List of evidence used

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Appendix 2: Resettlement population data

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10 Veterans

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10.1 About this chapter

This chapter includes the population needs of military veterans. It is based on a detailed needs assessment undertaken on behalf of the North Wales Armed Forces Forum (Atenstaedt and Jones, 2016). Information about other care and support needs can be found in the following chapters:

- Older people [\[Add link\]](#)
- Health, physical disabilities and sensory impairment [\[Add link\]](#)
- Mental health [\[Add link\]](#)
- Violence against women, domestic abuse and sexual violence [\[Add link\]](#)
- Homelessness [\[Add link\]](#)
- Secure Estate [\[Add link\]](#)
- Carers [\[Add link\]](#)

Definitions

A veteran is defined as someone who has served in HM Armed Forces for at least one day. This includes people who have served in the Reserve/Auxiliary Forces.

How will the Social Services and Well-being (Wales) Act 2014 change things? Policy and legislation

The principles of the Social Services and Well-being (Wales) Act 2014 are similar to those already adopted by services supporting military veterans in North Wales. For more information about the act please see [Appendix x](#).

For more information about the legislation and guidance relating to veterans, and some detailed information about the national and local strategic context, please see the main needs assessment available at [Appendix x](#).

Safeguarding

The safeguarding issues for military veterans are similar to those of the general population. There is a new definition of 'adult at risk', a duty for relevant partner to report adults at risk and a duty for local authorities to make enquiries which should help to safeguard military veterans.

10.2 What do we know about the population

There are currently no official figures available on the number of military veterans in the UK, particularly at a local level. According to estimates there were around 51,000 veterans living in North Wales in 2014 (Table 10.1). This represents about 9% of the North Wales population aged 16 and over or 7% of the total population. The county with the highest percentage of the total number of veterans in North Wales is Flintshire at 21% and the lowest is Anglesey at 11% (Table 10.2). In terms of the proportion of each county's population aged over 16 years that are veterans (Table 10.3), Conwy is highest at 10% and Wrexham is lowest at 8.1% (the North Wales average is 8.9%). There are a number of caveats with this data described in the main needs assessment report (Atenstaedt and Jones, 2016).

Table 10.1 Estimated veteran population, all persons aged 16 and over, North Wales

| | 16-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75-84 | 85+ | Total 16+ |
|--------------|-------|-------|--------|--------|--------|--------|--------|--------|-----------|
| Anglesey | 50 | 100 | 260 | 520 | 730 | 890 | 2,360 | 540 | 5,470 |
| Gwynedd | 120 | 190 | 450 | 870 | 1,130 | 1,410 | 3,840 | 1,000 | 9,010 |
| Conwy | 80 | 160 | 420 | 900 | 1,150 | 1,500 | 4,370 | 1,210 | 9,780 |
| Denbighshire | 70 | 130 | 360 | 750 | 930 | 1,160 | 3,100 | 740 | 7,240 |
| Flintshire | 110 | 250 | 650 | 1,240 | 1,430 | 1,680 | 4,150 | 930 | 10,440 |
| Wrexham | 100 | 250 | 600 | 1,050 | 1,230 | 1,380 | 3,480 | 870 | 8,970 |
| North Wales | 530 | 1,080 | 2,750 | 5,340 | 6,610 | 8,020 | 21,300 | 5,290 | 50,920 |
| Wales | 2,630 | 5,200 | 12,460 | 23,570 | 28,460 | 32,010 | 86,330 | 20,930 | 211,590 |

Numbers have been rounded so may not sum

Source: Produced by Public Health Wales Observatory, using MYE (ONS) and prevalence estimates from the Royal British Legion

Table 10.2 Percentage of North Wales veteran population aged 16 and over by local authority area, 2014

| | % |
|--------------|-----|
| Anglesey | 11 |
| Gwynedd | 18 |
| Conwy | 19 |
| Denbighshire | 14 |
| Flintshire | 21 |
| Wrexham | 18 |
| North Wales | 100 |

Source: Based on numbers produced by Public Health Wales Observatory, using MYE (ONS) and prevalence estimates from the Royal British Legion

Table 10.3 Percentage of each local council population age 16 and over that are veterans, 2014

| | Population age 16 and over | Estimated number of veterans | Percentage veteran population |
|--------------|----------------------------|------------------------------|-------------------------------|
| Anglesey | 58,100 | 5,470 | 11 |
| Gwynedd | 101,360 | 9,010 | 18 |
| Conwy | 97,350 | 9,780 | 19 |
| Denbighshire | 77,650 | 7,240 | 14 |
| Flintshire | 125,390 | 10,440 | 21 |
| Wrexham | 110,430 | 8,970 | 18 |
| North Wales | 570,270 | 50,910 | 100 |

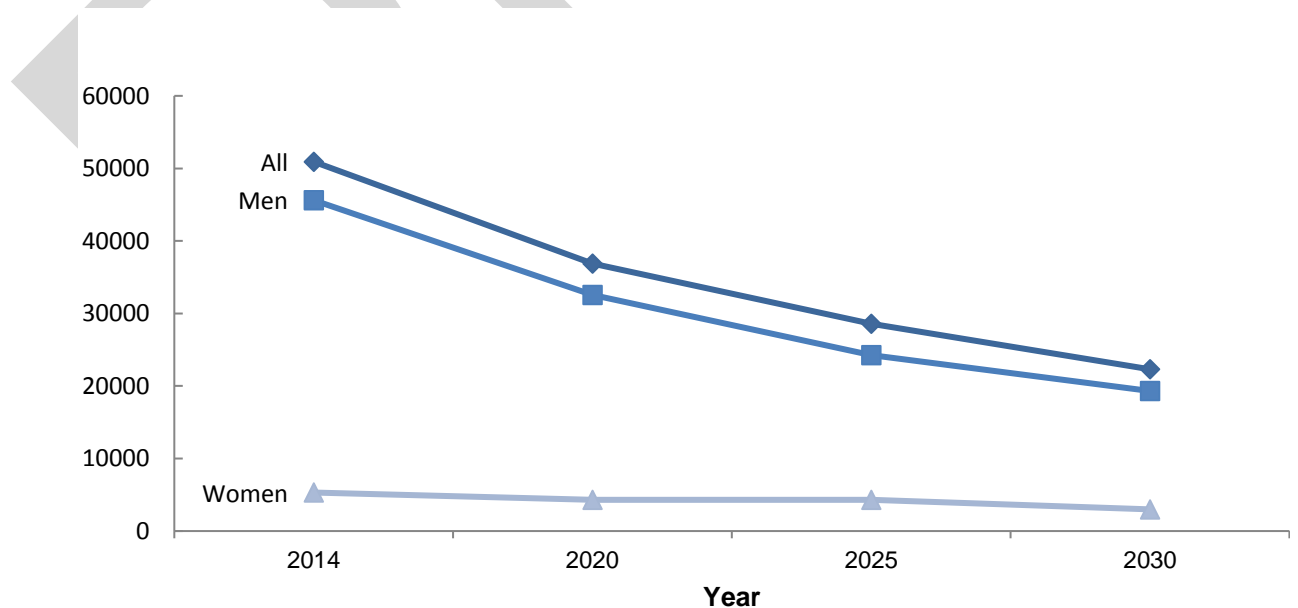
Numbers have been rounded so may not sum

Source: Based on numbers produced by Public Health Wales Observatory, using MYE (ONS) and prevalence estimates from the Royal British Legion

The ‘hidden’ ex-service community in North Wales (those living in institutions and communal establishments) is estimated to be between 2,100 and 3,200 individuals (RBL, 2014). This figure includes veterans, adult dependents and minor dependents.

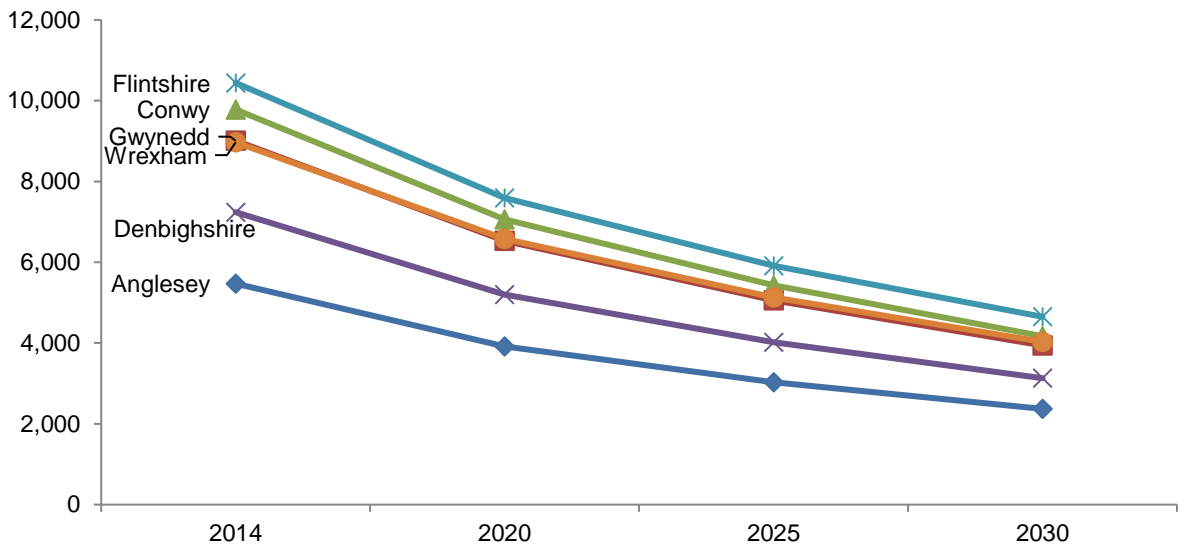
Although the overall number of veterans in North Wales is predicted to decline over future years (from 51,000 in 2014 to 22,000 in 2030) shown in Figures 10.1 and 10.2, it is clear that care and support needs are prevalent over the age range and service providers should ensure that they continue to prioritise this population in future service provision.

Figure 10.1 Estimated veteran population aged 16 and over by gender, North Wales 2014 to 2030



Source: Chart created by North Wales LPHT. Data produced by Public Health Wales Observatory, using MYE (ONS) and prevalence estimates from the Royal British Legion

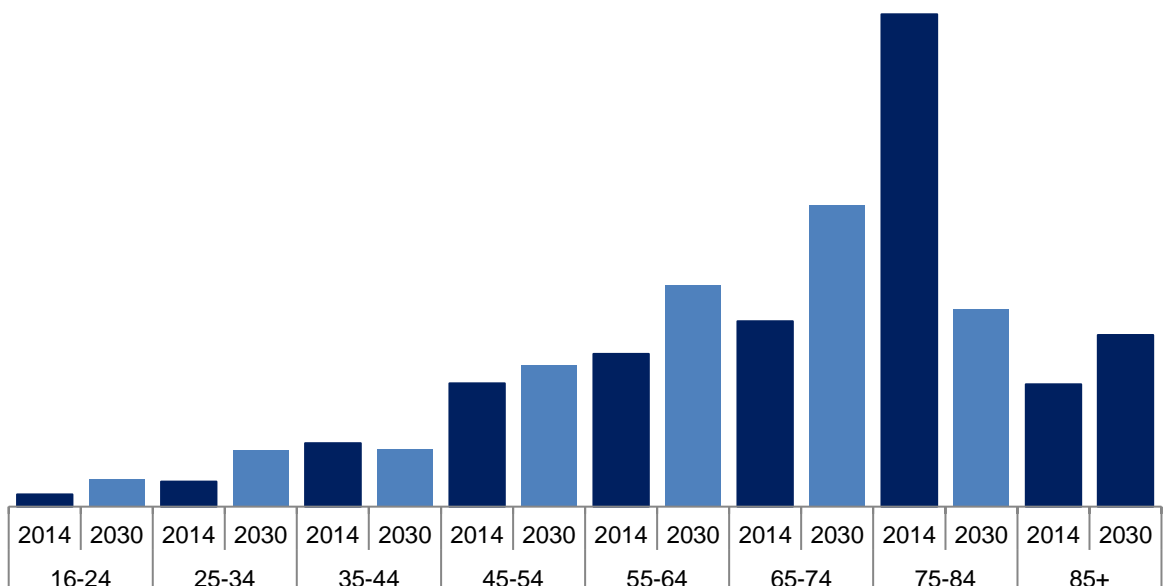
Figure 10.2 Estimated veteran population aged 16 and over by local council, North Wales 2014 to 2030



Source: Chart created by North Wales LPHT. Data produced by Public Health Wales Observatory, using MYE (ONS) and prevalence estimates from the Royal British Legion

The age distribution of the ex-service population is currently skewed towards those over retirement age (Figure 10.3). However, the predicted decline in this group, and the changes currently occurring in the UK Armed Forces, mean that a greater proportion of the veteran population will be made up of younger people with a more diverse background, for example from a BAME community. This is important for care providers to consider, since the health needs of younger, more ethnically diverse veterans are likely to differ considerably from those in older age groups.

Figure 10.3 Proportion of veterans aged 16 and over, by age group, North Wales, 2014 and 2030



Source: Chart created by North Wales LPHT. Data produced by Public Health Wales Observatory, using MYE (ONS) and prevalence estimates from the Royal British Legion

There is no data on the Welsh language skills of veterans in North Wales, which is a gap which needs to be addressed.

Most veterans report their time in the services as a positive experience and do not suffer adverse health effects as a result of the time they have served. However, about one in five veterans with a long-term illness attribute it to military service, particularly musculoskeletal problems, hearing problems and mental illness (RBL, 2014). This equates to 6,400 veterans in North Wales who may be eligible for priority treatment under the Armed Forces Covenant.

Veterans aged 16-64 are more likely than the general population to report a long-term illness that limits their activities. This includes (RBL, 2014):

| | % veterans | % general population |
|--------------------------------|------------|----------------------|
| Depression | 10 | 6 |
| Back problems | 14 | 7 |
| Problems with legs and feet | 15 | 7 |
| Problems with arms | 9 | 5 |
| Heart problems | 12 | 7 |
| Diabetes | 6 | 3 |
| Difficulty hearing | 6 | 2 |
| Difficulty seeing | 5 | 1 |
| Total long-term illness | 24 | 13 |

General musculoskeletal disorders (including arthritis and rheumatism) are a key issue for the health of veterans (particularly problems with the legs and feet in the over 55s). Overall, 28% of veterans reported this as a problem (equivalent to 14,000 North Wales veterans); 18% of veterans attributed this to previous service (equivalent to 2,600 North Wales veterans). Musculoskeletal disorders affect an individual's health but also impacts on other areas such as employment. Any detrimental effect on the ability to work is also likely to impact on mental health, potentially compounding any existing problems.

The majority of veterans do not suffer with adverse mental health after leaving the services. The most common mental health problems experienced by veterans are depression, anxiety and substances misuse (mainly alcohol) disorders, just like the wider general population. The UK household survey of the ex-Service community (RBL, 2014) indicates that the prevalence of mental illness is around 8%, equating to 4,100 veterans in North Wales. It also reported that mental health problems have doubled since 2005 and that only one in twenty individuals have sought help for this issue (RBL, 2014). Also, the

RBL household survey found that the prevalence of mental health disorders among younger veterans (aged 16-44) was three times higher than that of the UK population of the same age.

The mental health of UK veterans has received particular attention, with particular focus having been on the occurrence of Post-Traumatic Stress Disorder (PTSD). PTSD in veterans is often the result of multiple traumatic experiences, has a very specific military context, and it can be associated with additional shame and guilt about seeking help. While the proportion affected with PTSD in the ex-service community are thought to be only slightly higher than in the general population, the severity in some veteran cases has been found to be much more profound.

Ex-service personnel may be at increased risk of self-harm and young male veterans (those under 24 years), particularly those with shorter lengths of service, are at an increased risk of suicide. They may be particularly reluctant to seek help (and some may not even identify themselves as veterans). It is vital that the North Wales Suicide Prevention Group prioritises veterans in its work.

Young male veterans are associated with other risk factors, such as leaving services earlier and excess alcohol use. Ensuring that data systems identify veterans locally, as well as promoting registration with GPs and help-seeking behaviours, is key to mitigating any increased risk within this local group of veterans.

Other than alcohol and tobacco smoking, information on the lifestyle behaviour of veterans is lacking and needs further research.

Veterans may experience a variety of social care needs after their time in the services. For example, veterans may have difficulties finding suitable housing, obtaining adaptations to ameliorate injuries or other physical health needs, or obtaining financial aid to which they are entitled. This may be related to problematic transition which itself may be caused by a variety of factors related or unrelated to service in the armed forces including financial, welfare, physical and mental health problems.

According to the RBL Household Survey (2014), 42% of adults in the UK ex-service community reported some difficulty in the previous year (Table 10.4), which is equivalent to 21,400 veterans in North Wales. Difficulties are most likely to be related to relationships or isolation (particularly loneliness and bereavement), self-care, mobility (especially outside the home) and psychological problems (particularly depression), followed by finance and housing. Problems with employment were reported by 30% of veterans discharged in the last five years and 17% of veterans of working age. There are two age groups most likely to report some difficulty: 35-44s and 85-94s.

Not surprisingly, the older age group is most likely to report self-care and mobility problems.

Table 10.4 Personal or household difficulties experienced in the last year, 2014

| | % veterans | Number (thousands) |
|----------------------------------|---------------|-----------------------|
| Any | 42 | 2,090 |
| Relationship/isolation | 16 | 770 |
| Self-care | 15 | 720 |
| Mobility | 14 | 710 |
| Psychological | 12 | 610 |
| Financial | 9 | 430 |
| Dealing with authorities | 8 | 410 |
| Housing | 8 | 400 |
| Employment | 6 | 320 |
| Fear of violence / crime | 4 | 190 |
| Community / civilian integration | 3 | 170 |
| Transport | 2 | 120 |
| Child support | 1 | 40 |

Source: RBL, 2014. Base: Adult ex-service community

Estimates for personal or household difficulties have been applied to the North Wales veteran population (Table 10.5).

Table 10.5 Personal or household difficulties experienced in the last year, North Wales, 2014

| | Adult ex-Service community 2014 | Total |
|-----------------------------------------------------------------------------------------|---------------------------------|--------------|
| | % | |
| Relationship/isolation | 16 | 8,146 |
| Loneliness | 8 | 4,073 |
| Bereavement | 7 | 3,564 |
| Lack of recreational facilities/social life [^] | 4 | 2,036 |
| Marriage/relationship breakup | 2 | 1,018 |
| Difficulty forming close relationships | 1 | 509 |
| Self-care difficulties | 15 | 7,637 |
| Exhaustion or pain | 9 | 4,582 |
| Poor bladder control | 7 | 3,564 |
| Difficulty looking after self | 3 | 1,527 |
| Mobility difficulties | 14 | 7,127 |
| Difficulty getting around outside home | 13 | 6,618 |
| Difficulty getting around home | 8 | 4,073 |
| Psychological difficulties | 12 | 6,109 |
| Feeling depressed | 10 | 5,091 |
| Lack confidence/self-esteem | 4 | 2,036 |
| Lack hope/purpose/direction | 4 | 2,036 |
| Heaving drinking/taking drugs | 1 | 509 |
| Financial difficulties | 7 | 3,564 |
| Not having enough money for day to day living [^] | 5 | 2,546 |
| Getting into debt [^] | 3 | 1,527 |
| Dealing with authorities | 8 | 4,073 |
| Difficulty dealing with personal affairs (e.g. paying bills, filling in forms, letters) | 4 | 2,036 |
| Difficulty getting medical treatment [^] | 3 | 1,527 |
| Difficulty finding out about services or benefits entitled to [^] | 3 | 1,527 |
| Housing difficulties[^] | 8 | 4,073 |
| Difficulty with house or garden maintenance [^] | 7 | 3,564 |
| Poor housing/inappropriate housing for your needs [^] | 1 | 509 |
| Employment difficulties | 6 | 3,055 |
| Unemployment [^] | 3 | 1,527 |
| Fear of unemployment [^] | 3 | 1,527 |
| Lack of training/skills/ qualifications [^] | 1 | 509 |

Source: Modified from chart produced in 2014 Household Survey by RBL & Compass Partnership

The RBL Household Survey (RBL, 2014) indicates that about 8% of the UK ex-service community have experienced housing problems in the past year, equivalent to 4,100 veterans in North Wales (Table 10.6). The vast majority reported problems with house and garden maintenance, followed by poor housing or inappropriate housing for their needs and difficulty getting council housing or housing from a housing association. However, for those who had been discharged from the Armed Forces within the previous 5 years, the figure was much higher at 6%.

Table 10.6 Personal or household difficulties experienced in the last year, North Wales, 2014

| | Adult ex-Service community | North Wales veteran population |
|--------------------------------------------------------------------|----------------------------|--------------------------------|
| | % | |
| Any employment difficulties | 8 | 4,073 |
| Unemployment [^] | 4 | 2,036 |
| Fear of unemployment [^] | 3 | 1,527 |
| Having to take job for which overqualified/ underpaid [^] | 2 | 1,018 |
| Lack of training/skills/ qualifications [^] | 2 | 1,018 |

Source: Modified from chart produced in 2014 Household Survey by RBL & Compass Partnership

Homelessness is one issue that is faced by a minority of ex-Armed Forces personnel. Several studies have shown that the characteristics and experience of homeless ex-Armed Forces personnel are broadly similar to the homeless population as a whole, although ex-Service personnel are older, and may be homeless for longer. Service leavers with a shorter service history and those from the army are most at risk of homelessness and so require extra support. It is important that traditional providers of support, such as service charities and local authorities, link in with non-armed forces specific providers such as housing associations, to ensure the best service possible for veterans.

Social isolation is a particular challenge for those who have moved frequently during military service. Also, military veterans of working age (between 16-64 years) are much less likely to be in work than the general population (63% compared to 77%). 8% of the ex-service community have experienced employment difficulties and 4% unemployment in the previous year, equivalent to 4,100 and 2000 veterans in North Wales respectively. Veterans who served in the armed forces for less than three years are less likely to be in full-time work now (only half are), are more likely to be looking for work (18%) than the average for all veterans.

Educational attainment offers the greatest potential for improving social and economic circumstances and is a key element in reducing poverty, deprivation or exclusion. Education increases opportunities for job and income security. Thus, unemployment is more common in those people who had experienced low educational attainment. The analysis by the RBL (2014) also showed that among the broader ex-service community one in ten has no formal qualifications, increasing to one in five among those aged 55-64. So education and training for veterans is definitely a priority.

Veterans offenders are increasingly recognised as a complex service user group with the offending behaviour also having a profound and damaging impact on families, for example through domestic abuse. However, it is worth noting that the proportion of ex-servicemen who offend is very small when

compared with the number discharged from the forces, and that there appears to be a significant time lag in most cases between discharge and offence resulting in imprisonment.

The British crime survey indicates that one on four women and one in six men will be affected by domestic abuse within their lifetime. It is also undeniable that military service places different constraints and pressures on both the serving personnel and families, many of which may compound domestic abuse issues. More research is needed in this area.

Data from the RBL household survey of the ex-service community (Table 10.7) shows that 20% of members of the ex-service community (equivalent to 10,000 veterans in North Wales) provide some level of unpaid care and support, which is higher than the 13% in the general population. Around one in four veterans aged 16-64 years has caring responsibilities, almost double the average for the general population. More importantly, one in ten carers in the ex-service community stated that they struggle to cope with their caring responsibilities; this equates to 1,000 veterans in North Wales. It is important that these individuals are properly supported.

Table 10.7 Caring responsibilities

| | % veterans | Number (thousands) |
|-------------------------------|---------------|-----------------------|
| Any | 20 | 990 |
| Physical health (old age) | 8 | 420 |
| Physical health (not old age) | 6 | 290 |
| Dementia | 3 | 150 |
| Other mental ill health | 4 | 200 |
| Other | 1 | 50 |

Base: Adult ex-service community

Source: Census 2011

10.3 What are people telling us?

The RBL Household Survey (2014) of veterans found the following.

- The most common health service was the GP, followed by A&E and the podiatrist.
- One in 10 veterans of retirement age agreed they needed more help in the coming months to continue living independently and that they struggle to cope with looking after themselves living independently
- The most common request for help given by those of retirement age or with illness/disability was cutting toe nails (13%), followed by preparing meals (6%). The most common need expressed by 12% was shopping for everyday necessities. In this case, about 1% of veterans did not receive this help.
- Only 14% of the ex-Service community reported having used support for reasons other than health, equivalent to 7,100 veterans in North Wales
- Use of social care support was reported by 8% (equivalent to 4,100 veterans in North Wales). Those with financial difficulties were more likely to have used one of these sources of support, particularly Citizens Advice, Job Centre Plus, or a local council.
- 30% feel that membership or welfare support services could be helpful to them in the near future, equivalent to 15,300 veterans in North Wales. The two support services with the most immediate appeal are social clubs and bereavement support. This reflects the fact that relationship problems and isolation are the most often reported difficulties.
- 10% are interested in financial help in a crisis, while support such as mobility assistance, care homes and home aids appeal to 7-8% of those questioned.

These all need to be provided to North Wales veterans. This reflects the relatively high prevalence of self-care and mobility issues in what is an aging population. Overall, the RBL Household Survey (RBL, 2014) states that 1 in 20 of the ex-service community reported some unmet need for support, equivalent to 2,500 veterans in North Wales; this rises to one in four among those who are unemployed.

An organisational survey carried out in North Wales identified the following issues for veterans: housing and employment needs; improved access to care and support services especially positive mental wellbeing services; greater collaboration between services to simplify the journey for veterans; simplification of cross-referrals pathways. It also flagged that staff working in the statutory sector should be up-skilled in working with veterans and should be more proactive in asking about veteran status. Priority veteran groups flagged for special attention included:

- the oldest and most infirm. They have clear support needs (physical and emotional) to live independently and avoid isolation.
- Those aged 16-54 with health problems relating to their military Service
- The youngest and most recently discharged from military Service. They can face problems with the transition to civilian life

A local focus group with a group of veterans carried out for the population assessment identified the following issues: better communication and sharing of information between the military and statutory/ public services; when planning discharge from hospital for injured veterans there needs to be a resettlement multi-disciplinary team in place; greater “targeted” awareness of what is available to veterans including development of a website for veterans which contains everything that a veteran might need for transition; the idea of an “investors in people” type of accreditation for staff; development of a “military friendly” type of scheme for premises, maybe linked to where champions are based.

A recent planning event organised by the North Wales Armed Forces Forum (NWAFF, 2016; Singleton, 2016) identified the following: veterans should be recognized as a priority group and should be a forefront of planning services; there should be better sub-division of support roles between organisations; there should be development of service navigators with a single point of contact/ one stop shop. Priority issues for veterans were identified as “health education”, support with mental health problems (particularly alcohol issues), housing and employment. Development of good quality information was also highlighted as an issue. Overall, three common themes emerged: more effective communication and information required between organisations; a consistent approach to identifying veterans required; knowledge of service provision across North Wales.

A recent review commissioned by Forces in Mind Trust (Forces in Mind Trust and Community Innovations Enterprise, 2016) suggested the following improvements: Armed Forces Forums and Champions across Wales to work more effectively and consistently across Wales; a more strategic and coordinated approach to planning and commissioning across regions and sectors regarding veterans mental health, including urban and rural areas, and appropriate and timely responses to related health needs, such as physical health and dementia; simple, clear, efficient and well-coordinated multi-agency assessment and referral pathways for complex psycho-social needs, particularly for high need groups such as Early Service Leavers, dual diagnosis patients, and veterans in the criminal justice system; Welsh policy-makers to ensure that veterans and family members’ mental and related health needs are considered in new legislation coming into force in Wales; addressing barriers to veterans and families accessing GPs and other services and supporting veterans and families to be more willing to access mainstream services; encouraging the cultural competence of mainstream services to

ensure veterans' needs are met on a sustainable basis, and addressing the needs of veterans with PTSD while recognizing the differing needs of those with common mental health problems; improved data use and capture to inform long-term local level planning and commissioning; more evidence around the needs of, and access to information and services for, the practical, emotional and support needs of families of veterans with mental health problems; "capacity-building" families so they have the resilience and knowledge to identify, support and sustain the recovery of veteran-family members.

10.4 Review of services currently provided

Veterans in North Wales receive their support from UK Government departments and agencies, the Welsh Government, the NHS, local councils, the third sector and the private sector.

The UK government, through the MoD, police, prison service and other agencies such as Job Centre Plus, has a crucial role in supporting veterans. People who have been medically discharged from the UK Armed Services receive a comprehensive range of special services from the MoD to assist with the transition back to civilian life.

Welsh Government drives forward the military covenant and developed a package of support for the armed forces community in Wales. This sets out specific policies that the Welsh Government implements in those areas where there is devolved responsibility.

All local councils in North Wales have signed an Armed Forces Community Covenant, pledging to support "in service" and "ex-service" personnel and their families in four key areas: education; skills and employment; housing; health and well-being. County Armed Forces Community Covenant partnership groups operate in some councils. Areas where local councils may support veterans are listed below.

- Social care: currently the IT systems to support social care do not collate veteran related information.
- Health improvement: for example, free swimming scheme to increase participation in physical activity and improve their health and well-being. This does not run in all areas. Provision of health improvement services by local councils to veterans such as this should be reviewed and strengthened where necessary.
- Housing and homelessness: The categories for priority need listed in section 70 of the Housing (Wales) Act 2014 include a person who has served in the regular armed forces of the Crown who has been homeless since leaving those forces (or a person with whom such a person resides

or might reasonably be expected to reside). IT systems need to be improved to make sure this information is collated, as well as training for staff.

- Caring responsibilities: local councils will provide an assessment and support where needed. There is definitely an indication that veterans' needs in this area are not being met and so services need to improve what is provided.

Betsi Cadwaladr University Health Board (BCUHB) has a named lead for the Armed Forces Forum, an Executive champion and a non-executive Board level champion, who chairs the Forum. The "Standard Note-Healthcare for Veterans" (Powell, 2011) builds on the Armed Forces Covenant and sets out measures to improve access to physical and mental health services for veterans. The standard note also reiterates the position that military veterans are entitled to priority treatment within the NHS. This is likely to have a particular impact on audiology services, mental health services and orthopaedics.

Areas where the local health board may support veterans are listed below.

- Veterans' therapists operate within each health board area as part of the All Wales Veterans' Health and Wellbeing Service.
- GPs: it is important that veterans notify their GP of their ex-forces status. There is very limited information available on secondary care usage by veterans.
- NHS prosthetic services. No data system exists to enable an assessment to be made of the current number of veterans receiving NHS prosthetic services in North Wales. BCUHB's Posture and Mobility Service has identified 45 current clients through a manual search of records (Wheelchair and limbs). However, they intend to liaise with Cardiff & Vale Posture & Mobility service who manage their PAS system to ensure that veterans are specifically recorded.
- Mental health services: accessed through GP. Veterans and reservists with service related needs that are believed to require more specific care should be referred to Veterans' NHS Wales Veterans. In the period 1 April 2015 to 31 March 2016, the BCUHB arm of Veterans NHS Wales received 163 referrals, 19 from Anglesey, 13 from Gwynedd, 24 from Conwy, 25 from Denbighshire, 23 from Flintshire and 49 from Wrexham, 2 from Powys and 8 from elsewhere.
- In 2014-15, there were 135 hospital admissions in North Wales where PTSD was cited as one of the diagnosis codes (an increase from 71 in 2010-11). Some 6 in 10 admissions were in men, and just under half were in people under the age of 40 (Source: BCU Information Team). There is

currently no way of determining whether these admissions were made by military veterans.

- Substance misuse: there were 92 referrals to BCUHB Drug and Alcohol services for North Wales patients who are military veterans between 1 April 2015 and 31 March 2016 (Source: BCU Drug & Alcohol Service) although this may well be an underestimate.
- As part of the planning for HMP Berwyn, the initial health needs assessment identified 3-4% of the population as likely to be veterans- so likely to be 60-70 men.

Many third sector organisations provide valuable support for the armed forces community in North Wales. These include the Royal British Legion (RBL), Soldiers, Sailors, Airmen and Families Association (SSAFA), Combat Stress, Change Step, Homes for Veterans, Poppy Factory, SoldiersCharity.org, Blesma and Blind Veterans. It recommended that a quality standard be considered to offer assurance to veterans, their families and public sector bodies that the organisation they are dealing with are of a high quality with good governance arrangements.

Big White Wall (BWW) is a social purpose private limited company available free to all UK serving personnel, veterans and their families. It provides an anonymous digital service that supports people experiencing common mental health problems, such as depression and anxiety. In some areas, BWW also offers live therapy involving one-to-one online therapy with experienced counsellors and therapists via webcam, audio or instant messaging.

The North Wales Armed Forces Forum (NWAFF) was established in 2012 to support veterans, serving military personnel and their families in the region. The Forum brings together representatives from Betsi Cadwaladr University Health Board (BCUHB), Public Health Wales, North Wales LAs, Armed Forces, North Wales Police, Welsh Government, education, employment and third sector (voluntary) organisations. The forum also actively supports the North Wales local council community covenants.

10.5 Conclusion and recommendations

Information and research

There is a need to improve the following.

- Demographic and health and wellbeing information that is available on veterans, including their use of the Welsh language, lifestyle issues (other than alcohol) and their interaction with domestic abuse services.
- The capture of information on veterans' use of services across North Wales.

- Information available to veterans on what services are available, through signposting by staff, development of a one-stop website for veterans or SPOA/hub and use of social media to publicise services.

The recommendations are:

- NWAFF should lend support to the RBL's "Count Them In" campaign
- NWAFF should consider commissioning Welsh language profile of veterans in North Wales
- All service providers should improve their identification of veterans and data on their use of services (especially NHS primary and secondary care and LA services)
- NWAFF should consider the development of a "veterans data dashboard" which pulls data together on veterans
- All service providers should improve the information provided to veterans on the services available to them through better signposting to services, better publicity through use of social media and supporting the development of the new MoD "Veterans Gateway" website
- NWAFF should consider commissioning research in areas such as the lifestyle behaviour of veterans and the interaction of veterans with domestic abuse issues

Service planning

Veterans should be considered as a priority group within regular planning mechanisms. The recommendations are as follows.

- Public Services Boards (PSBs) should consider the needs of veterans in the development of their Well Being Plans
- Local councils should consider the needs of veterans, as a vulnerable group, in their corporate planning and corporate priority setting
- BCUHB should consider the needs of veterans in the development of its Annual Operating Plan and Integrated Medium Term Plan
- BCUHB, as part of the development of its Mental Health Strategy, should consider the needs of veterans that are not able to access the service provided by Veterans NHS Wales (e.g. non-service related needs) including recognising the detrimental effect stigma may have on veteran's willingness and ability to seek help for mental health conditions. Public mental health should be developed as part of this strategy with promotion of emotional wellbeing and alternatives to hospital settings.
- Provision of health improvement services by LAs to veterans should be reviewed and strengthened where necessary
- All service providers should support the development of Health and Wellbeing Services for veterans at HMP Berwyn

Service provision

Services have a responsibility to meet the commitments set out by the Armed Forces Covenant. The recommendations are as follows.

- All service providers should be aware of their commitments and responsibilities under the Armed Forces Covenant which include priority access to NHS treatment for conditions related to a veteran's time in the services and priority access to social housing.
- All service providers should provide a coherent approach to delivering effective services and support, to achieve the outcomes required for veterans and address unmet needs. Priority groups should include the oldest and most infirm who have clear support needs (physical and emotional) to live independently and avoid social isolation; those aged 16-54 with health problems relating to their military service, and the youngest and most recently discharged from military service.
- All service providers should collaborate to develop model care pathways for veterans premised on early identification, early intervention and evidence based responses to need with clear sub-division of roles.
- All services providers should recognise and understand the challenges posed by the armed forces culture. It is important that all staff are appropriately trained and also ensure that they ask their clients whether they have served in the Armed Forces. An accreditation system for staff, appointment of more veterans champions and a scheme for "veteran friendly" services should all be considered.
- All service providers should take every opportunity to signpost veterans to support. Specific front-line locations might include Emergency Departments, police custody suites and local council SPOAs/Housing Access Teams.
- Due to the many third sector veteran related organisations being established, it is recommended that a quality standard be considered to offer assurance to veterans, their families and public sector bodies that the organisation they are dealing with are of a high quality with good governance arrangements.
- Primary Care contractors should prioritise registration of veterans. GPs should request the whole medical record from DMS to give a complete picture of a veteran's medical history. The joint RCGP, RBL and Combat Stress publication should be promoted amongst all local health providers
- All services providers should prioritise mental health support to veterans, including support for alcohol problems. This should include better signposting to the current support available through Veterans NHS Wales, BCUHB mental health services and the Third Sector. Veterans' needs

should be specifically considered by the North Wales Suicide Prevention Group.

- Local councils should review their provision of health improvement services to veterans and strengthen where necessary.
- Local councils and BCUHB should consider how they can support veterans on their pathway to employment within the volunteering opportunities they are developing within their organisations.
- All service providers should specifically consider the needs of veteran carers and address unmet needs where identified.

Equalities issues to consider

This report recognises that, although being a veteran is not formally acknowledged as a protective characteristic, those who have served in the armed forces can be disproportionately impacted as a result of their time spent in the military services. For example, working-age veterans are more likely than the general population to report a long-term illness that limits their activities; they are less likely to be in work after leaving the armed forces; and less likely to find suitable housing. All these factors can result in social isolation and poor mental health. Where there is available data, this report describes the age distribution, gender profile, ethnicity and Welsh language skills of veterans. Service planning should consider the needs of veterans and service providers should be aware of their commitments and responsibilities under the military covenant. There may be further issues affecting veterans with protected characteristics, which have not been identified in this chapter. These issues could be identified in the future, if service providers improve their identification of veterans and recording of data on their use of services.

Appendix 1: Overview of Legislation /national and local strategic context for veterans

The Nation's Commitment: Cross-Government Support to our Armed Forces, their Families and Veterans

In 2008, the UK Government Command Paper set out to end the disadvantages faced by members of HM Armed Forces and veterans and to secure better support and recognition for those wounded while serving their country (MoD, 2008). The Command paper has two overarching principles:

- The Armed Forces Community should not face disadvantage compared to other citizens in the provision of public or commercial services
- Special consideration is appropriate in some cases, especially for those who have given most, such as the injured or bereaved

It is also recognised that military veterans are a vulnerable group and that assessing their needs must be a priority.

Armed Forces Covenant

In response to the Command Paper, the UK Government set up the Armed Forces Covenant in 2011 (MoD, 2011). The Armed Forces Covenant summarises the measures that the UK Government is implementing, including non-devolved matters, that impact on Wales / Welsh citizens.

In terms of health and wellbeing, the covenant states: “Veterans receive their healthcare from the NHS, and should receive priority treatment where it relates to a condition which results from their service in the Armed Forces, subject to clinical need. Those injured in service, whether physically or mentally, should be cared for in a way which reflects the Nation’s moral obligation to them, while respecting individual wishes. For those with concerns about their mental health, where symptoms may not present for some time after leaving Service, they should be able to access services with health professionals who have an understanding of Armed Forces culture” (MoD, 2011).

Fighting Fit: a mental health plan for servicemen and veterans

In 2010, the MoD published a review by Andrew Murrison MP (Murrison, 2010). This set out a mental health plan for service personnel and veterans within the context of the Armed Forces Covenant. The Plan included a number of recommendations, but highlighted four key areas for action:

- Incorporation of a structured mental health systems enquiry into existing medical examinations performed while serving

- An uplift in the number of mental health professionals conducting veterans outreach work from Mental Health Trusts in partnership with a leading mental health charity
- A Veterans Information Service (VIS) to be deployed 12 months after a person leaves the Armed Forces
- Trial of an online early intervention service for serving personnel and veterans

Army 2020

The 2010 “Strategic Defence and Security Review” (HM Government, 2010) described the UK’s defence needs to meet the security challenges of an uncertain future. Army 2020 is a concept for transforming the British Army for the 2020s and beyond. By 2020, the British Army will be mainly UK based, with increasing consolidation around seven centres. This will significantly reduce the need for moves, ending the culture of routine rotation around the country. The aim of this is to give Army personnel and their families greater certainty over where they live and work.

Future Reserves 2020

When the UK Prime Minister announced the outcome of the “Strategic Defence and Security Review” (HM Government, 2010), he also commissioned a separate review of the Reserve Forces. This review recommended that the Reserve element should be integrated within the Army structure and also incorporate more clearly defined roles in order to improve the resilience, utility and sustainability of the UK Armed Forces.

Armed Forces Redundancy Programme

The Armed Forces Redundancy Scheme was also outlined in the “Strategic Defence and Security review” (HM Government, 2010). Approximately 30,000 personnel are due to leave the Service through a combination of natural wastage, redundancy and reduced intake. The bulk of the reduction will be in the Army, which is due to reduce its numbers by almost 20,000 to 82,000 by 2020.

The Armed Forces in Wales

HM Armed Forces in Wales is not devolved and remains under the control of the MoD (Middle, 2015). Headquarters of the 160th Infantry Brigade and Headquarters Wales is located in Brecon and has responsibility for the many units and facilities around the country.

Headquarters 160th Infantry Brigade and Headquarters Wales also have overall responsibility for Tri-Service civil engagement within Wales (Middle, 2015). This function is supported by representatives within the military units in Wales who have individuals responsible for civil engagement within their respective areas of responsibility. To enable this, military units throughout Wales have been assigned as

single points of contact for engagement with the relevant Local Authority (LA) in order to deliver the Covenant principles at a local level.

North Wales Armed Forces Forum

The North Wales Armed Forces Forum (NWAFF) was established in 2012 to support veterans, serving military personnel and their families in the region. The Forum brings together representatives from Betsi Cadwaladr University Health Board (BCUHB), Public Health Wales, North Wales LAs, Armed Forces, North Wales Police, Welsh Government, education, employment and Third Sector (voluntary) organisations. The Forum in North Wales agreed as part of its terms of reference that it would work across counties and organisational boundaries to:

- Ensure that the needs of the Armed Forces community are identified, kept under review and are reflected fully in local plans for service provision and development
- Develop and maintain a local directory of services that will assist members of the Armed Forces community and service organisations and charities to help individuals in accessing appropriate support in a timely and effective manner
- Share information about services and issues which may impact on veterans and their families in North Wales
- Share innovation and best practice across all stakeholders
- Monitor and review the effectiveness of the priority treatment arrangements within the Health Board services
- Provide a strategic focus for the six County Forums in North Wales.

The Forum also actively supports the North Wales LA Community Covenants. All six LAs in North Wales have signed an Armed Forces Community Covenant, pledging to support “in service” and “ex-service” personnel and their families in four key areas: education; skills and employment; housing; health and well-being.

Armed Forces Community Covenant Grant Scheme

This scheme has been set up to fund local projects which strengthen the ties or the mutual understanding between members of the Armed Forces community and the wider community (MoD, 2012).

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11 Homelessness

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11.1 About this chapter

This chapter includes the population needs assessment for homeless people. Information about housing needs for each population group is included in the relevant chapter of the population assessment. More information about the health needs of people experiencing homelessness is available in the needs assessment prepared by Public Health Wales (2016).

What is meant by the term homelessness

The legal definition for homelessness' has been set within section 55 of the Housing (Wales) Act 2014 as a person who:

'has no accommodation in the UK or elsewhere which is available for his or her occupation and which that person has a legal right to occupy. A person will be homeless where he or she has accommodation but cannot secure entry to it, or where he or she has accommodation that is a moveable structure (such as a caravan or house boat) and there is no place where it can be placed in order to provide accommodation. A person who has accommodation is to be treated as homeless where it would not be reasonable for him or her to continue to occupy it.'

In its revised Code of Guidance for Allocations and Homelessness (2016) Welsh Government have also provided a broader definition and describes homelessness as:

'Where a person lacks accommodation or where their tenure is not secure'. This will include people who are:

- sleeping rough
- living in insecure/temporary housing (excluding assured/assured short-hold tenants)
- living in short term hostels, night shelters, direct access hostels
- living in bed and breakfasts
- moving frequently between relatives/friends
- squatting
- unable to remain in, or return to, housing due to poor conditions, overcrowding, affordability problems, domestic violence, harassment, mental, physical and/or sexual abuse, unsuitability for physical needs etc.
- threatened with losing their home and without suitable alternative accommodation for any reason, e.g. domestic abuse
- leaving hospitals, police custody, prisons, the armed forces and other institutions or supported housing without a home to go to, required to leave by family or friends or due to relationship

breakdown, within 56 days of the end of tenancy, facing possession proceedings or threat of eviction.'

Policy and legislation

The Housing Act (Wales) 2014 introduced a number of changes to statutory homelessness legislation which were implemented from 27 April 2015 which has led to a greater emphasis on prevention and the relief of homelessness. These have impacted on the way services are provided and recorded. The changes introduced are consistent with the challenges set out in the Well-being of Future Generations Act 2015 which focuses on improving the social, economic, environmental and cultural well-being of Wales and the seven well-being goals for a more equal, prosperous, resilient, healthier and globally responsible Wales, with cohesive communities and a vibrant culture and thriving Welsh language. Under Section (10)(1) of the Well-being of Future Generations Act, the Welsh Ministers must publish 46 national indicators ("national indicators") Indicator 34 focuses on homeless services and requires us to measure the 'Number of households successfully prevented from becoming homeless, per 10,000 households'.

11.2 What do we know about the population and services currently provided

Homelessness can arise due to a range of different reasons including family or relationship breakdown, notice from the landlord that the tenancy will not be renewed when it expires (s.21 notice), eviction due to factors such as condition of property and mortgage/rent arrears. Some people facing homeless will already be vulnerable, which may be because they are fleeing domestic abuse, are young, have issues with substance misuse, ex-offending or mental health issues. Some will have co-existing mental health and substance use problems, known as a 'dual diagnosis'. Homelessness can also increase a person's vulnerability. Although some people who seek support, for example, people with a learning disability, older people, people with a physical/sensory disability or mental health issues, may already be known to statutory agencies and may be in receipt of services others may be unknown to them.

While the statutory responsibility for homelessness lies with local authorities, preventing and tackling homelessness often requires a co-ordinated corporate approach and contributions from partner organisations such as; health, criminal justice, housing associations and third sector partners.

Interventions from agencies need to focus on how best to address the three main elements:

- a) **The prevention of homelessness:** including giving appropriate information and advice or signposting applicants to tenancy and crisis support such as: debt counselling, family mediation and housing benefit.
- b) **Identifying suitable accommodation:** including mapping housing supply and demand, securing emergency and other temporary housing and move-on arrangements for people who are or may become homeless.
- c) **Ensuring satisfactory support:** including assessment, provision of Supporting People and other support services, resettlement and outreach work to prevent homelessness where possible,

Collaboration with the NHS, criminal justice and community safety agencies and support services commissioned by Supporting People to meet the needs of people and households who are at risk of homelessness will have a significant impact on how successfully problems can be resolved and how sustainable housing solutions can be.

Table 11.1 shows that there were around 1,200 households in North Wales assessed as homeless in 2015-16.

Table 11.1 **Total households assessed as homeless (Section 73), 2015-16**

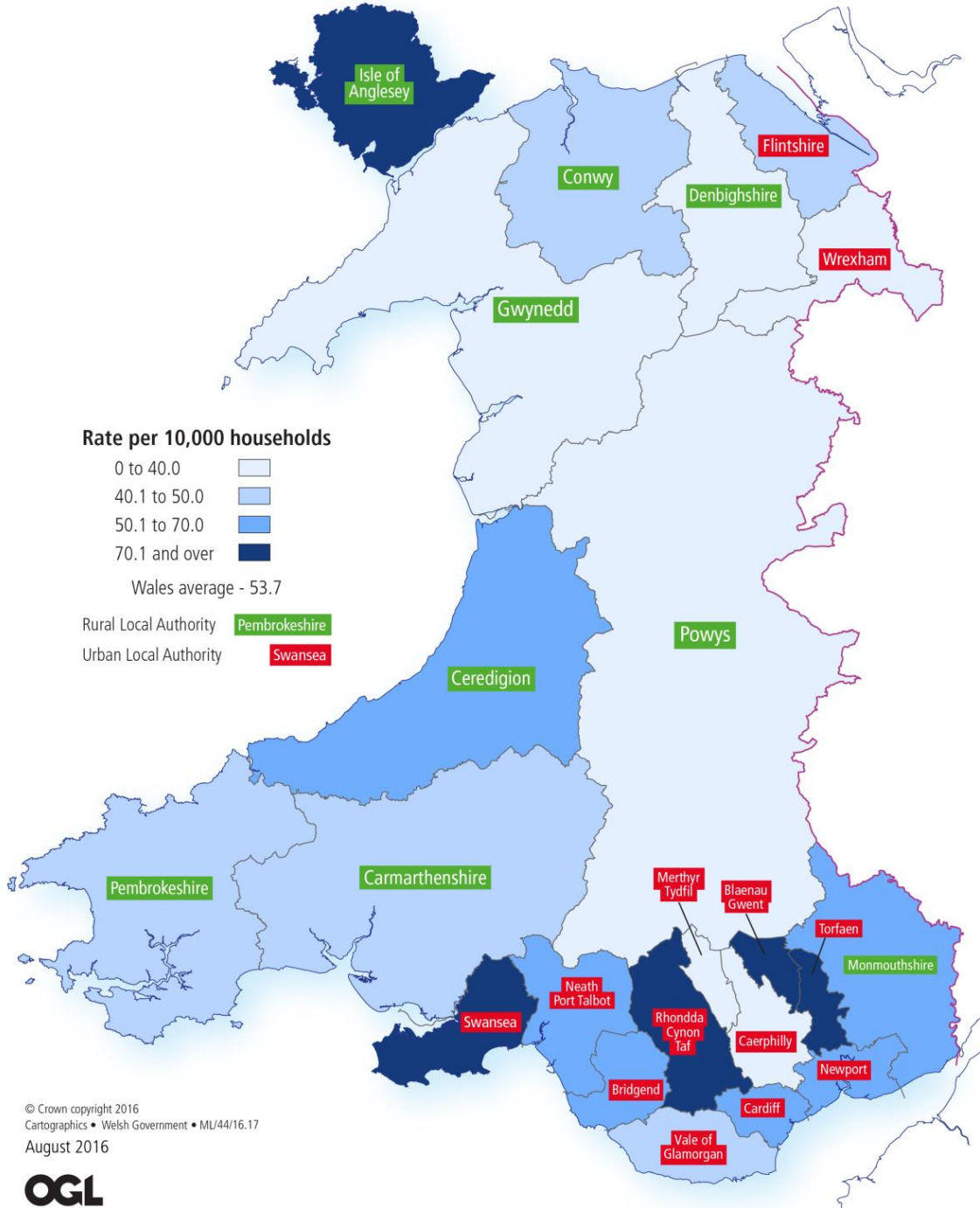
| | Households with dependent children | Single person household | Other household groups | Total |
|--------------|------------------------------------|-------------------------|------------------------|-------|
| Anglesey | 15 | 78 | 3 | 96 |
| Gwynedd | 45 | 93 | 9 | 150 |
| Conwy | 63 | 228 | 9 | 300 |
| Denbighshire | 54 | 198 | 21 | 270 |
| Flintshire | 36 | 144 | 12 | 190 |
| Wrexham | 51 | 135 | 6 | 200 |
| North Wales | 260 | 880 | 60 | 1,200 |

Totals have been rounded and may not sum

Source: Stats Wales

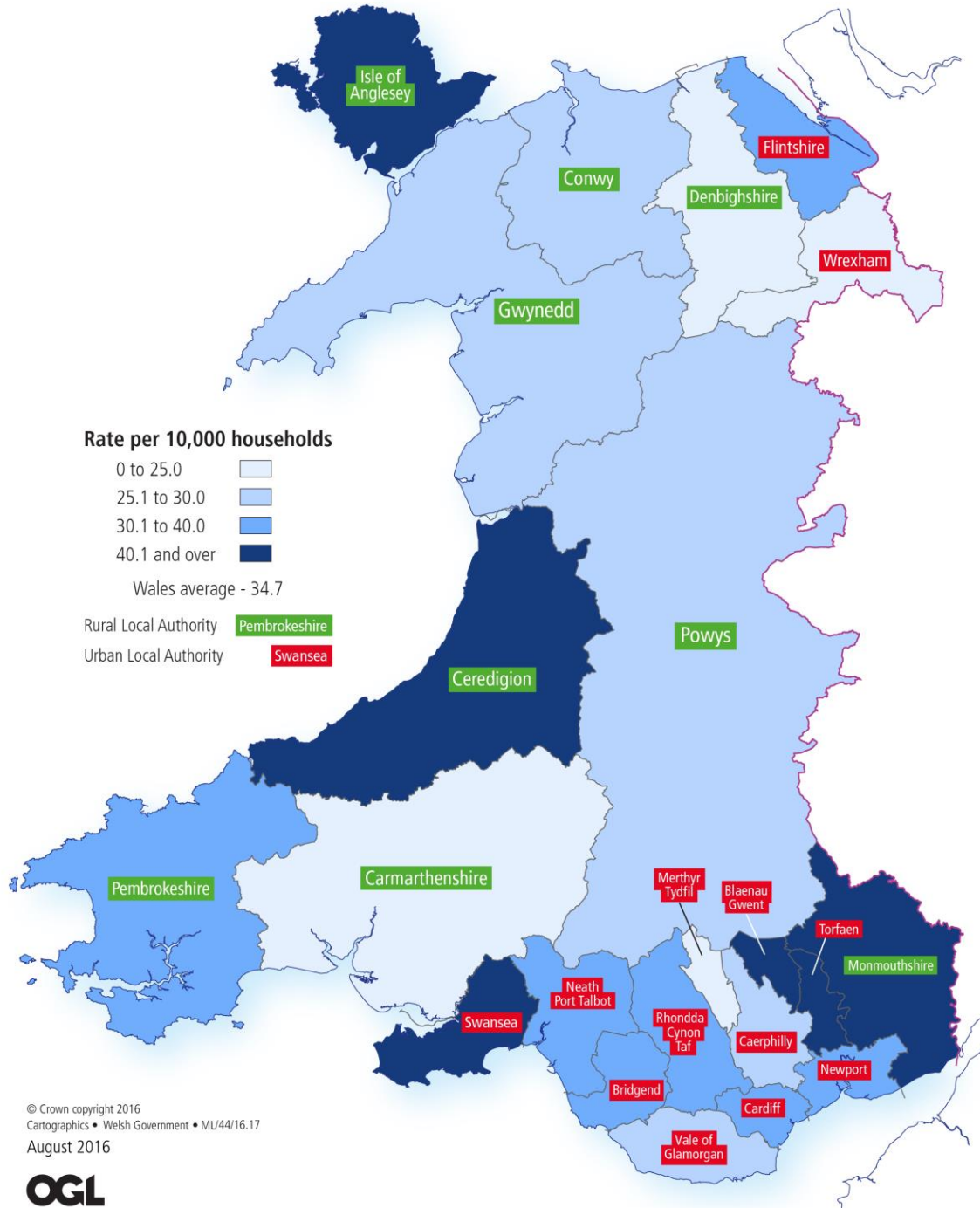
Homelessness

MAP 1: Households found to be eligible and threatened with homelessness (Section 66), 2015-16 - Rate per 10,000 households



Homelessness

MAP 2: Households successfully prevented from homelessness during 2015-16 - Rate per 10,000 households



Homelessness 2015-16

MAP 3: Number of households assessed as homeless (Section 73) -
Rate per 10,000 households

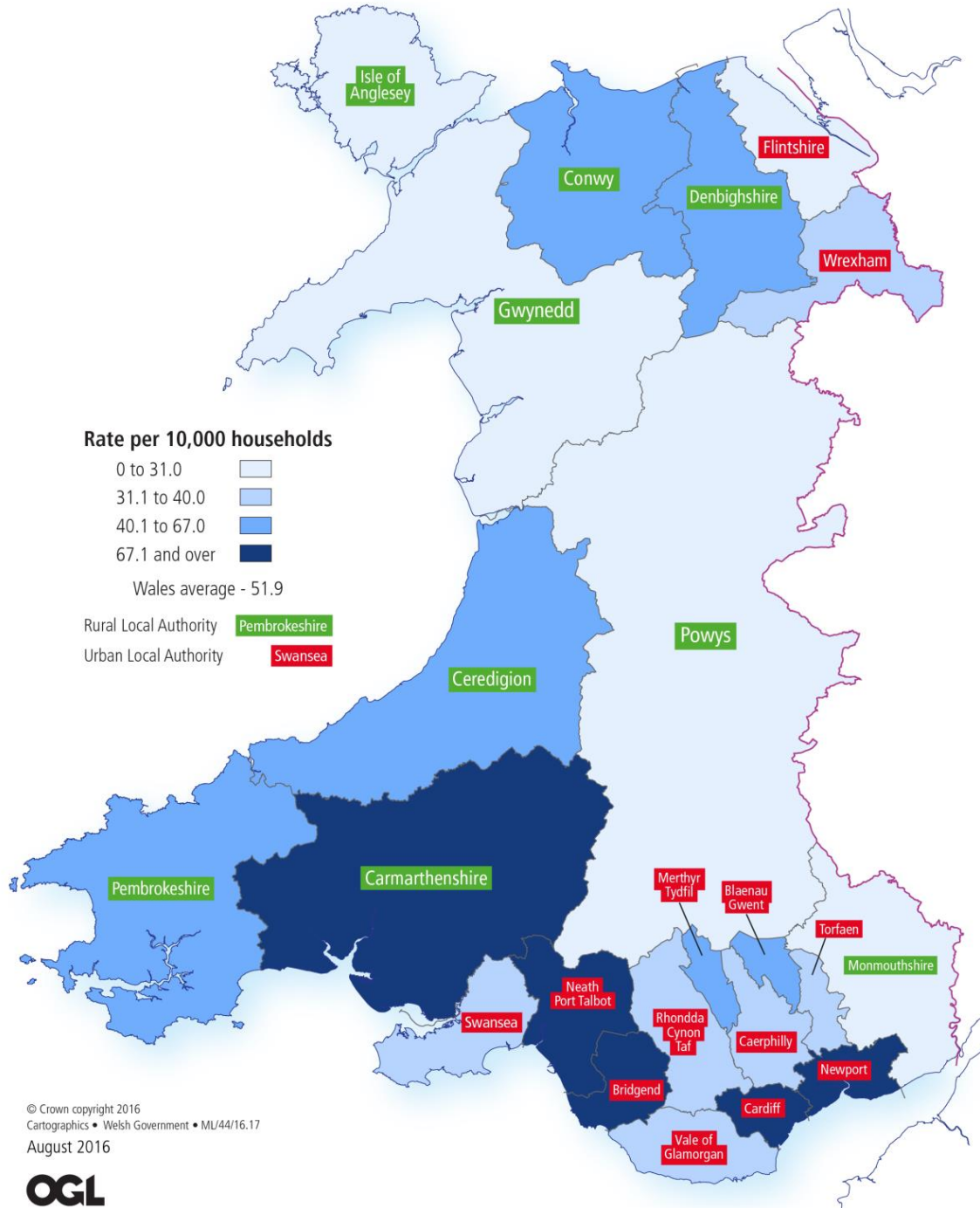


Table 11.2 Percentage of cases where positive action succeeded in preventing (Section 66) or relieving (Section 73 and Section 75) homelessness, 2015-16

| | Homelessness successfully prevented % (Section 66) | Homelessness successfully relieved % (Section 73) | Positively discharged % (Section 75) |
|--------------|-------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------|
| Anglesey | 60 | 61 | 100 |
| Gwynedd | 85 | 64 | 94 |
| Conwy CB | 70 | 40 | 71 |
| Denbighshire | 55 | 29 | 80 |
| Flintshire | 76 | 54 | 100 |
| Wrexham | 59 | 53 | 100 |
| Wales | 65 | 45 | 80 |

Numbers have been rounded

Source: Statutory Homelessness data collection from local authorities

(a) Under the Housing (Wales) Act 2014.

(b) Successfully prevented refers to the number of households for whom homelessness was successfully prevented for at least 6 months as a percentage of all households assessed as being threatened with homelessness within 56 days.

(c) Successfully relieved refers to the number of households helped to secure accommodation that was likely to last for 6 months as a percentage of households assessed as being homeless under Section 73 of the Housing (Wales) Act 2014

(d) Positively discharged refers to the number of households provided with suitable accommodation that was likely to last for 6 months as a percentage of households accepted as being eligible, unintentionally homeless and in priority need and owed a duty to provide accommodation (under Section 75 of the Housing (Wales) Act 2014).

Table 11.2 above shows that Gwynedd had both the highest percentage of successful prevention outcomes (Section 66) and of successful homelessness relief outcomes (Section 73) in Wales during 2015-16 at 85 per cent and 64 per cent respectively.

The Isle of Anglesey reported the lowest number of households assessed as homeless at 96 households.

During 2015-16, 9 of the 22 local authorities recorded rates of households threatened with homelessness above the Wales average of 53.7 per 10,000 households.

For households who are assessed as being eligible for assistance, are unintentionally homeless and the Local Authority has a duty to secure accommodation for them (Section 75) the homelessness was positively discharged in 100 per cent of cases across 4 authorities, the Isle of Anglesey, Flintshire, Wrexham and Blaenau Gwent. In 10 of the 22 local authorities the percentage of positive discharge outcomes was above the Wales average of 80 per cent.

Statistical review

Statistical and empirical evidence continues to substantiate the need for more appropriate and affordable accommodation options, as well support services that can help prevent homelessness or make future tenancies sustainable and it is recognised that investment in this area can alleviate pressures and demand upon other agencies.

Typically, the age range most likely to require support from the homeless services is between 16 and 24 years of age. People aged 25 to 40 years of age are the second largest group requiring support, however homelessness can impact people of all ages and different groups within society

Despite recent progress through earlier intervention and support to try and prevent homelessness. Needs mapping indicate that support needs are outstripping supply especially in particular areas and among certain hard to reach groups such as domestic abuse, ex-offenders, young and vulnerable and single people.

There are also variations in the type of demand across the region, for example, street homelessness may be prevalent and noticeable in some communities but not in others. This presents challenges in trying to identify and respond to need which can be quite diverse in nature and can vary between neighbouring communities. Within North Wales there is also the added challenge of delivering some services over a wide geographical area which has different levels of need, where services might need to be supplied in another way, for example, through the medium of Welsh where it is difficult to secure some type of provision without having to travel vast distances.

Supporting People

A large proportion of homeless services in North Wales are delivered or supported with Supporting People funding. The 2015/16 grant allocation for Wales was £124.4 million with North Wales receiving £33.8 million, this makes Supporting People one of the biggest government revenue funds. Since 2012 North Wales has seen a reduction of over £7 million in funding. During 2016/17 the programme received a stand still budget following 3 years of cuts however there is no certainty about future funding which could impact on capacity to deliver services.

Supporting People funding and the retention of the funding has been key to support the preventative agenda by helping alleviate demand upon other statutory services, especially health and social services. The Supporting People Programme Grant (SPPG) Guidance (Wales) 2013 estimates that for each £1 spent on Supporting People £2.38 is saved to the public purse. During 2015/16 the Supporting People Programme supported and helped around 21,000 people

in North Wales find and retain safe suitable accommodation and to remain independently.

Further reductions to the fund could have a domino effect on statutory services and it is vital to ensure effective early intervention to prevent problems escalating to mainstream services and ending up on social services, health or the criminal justice system doorstep.

Table 11.3 **Supporting People grant funding 2012 to 2017 (£)**

| | 2012-13 | 2013-14 | 2014-15 | 2015-16 | 2016-17 |
|--------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Anglesey | 7,900,000 | 7,600,000 | 7,200,000 | 6,500,000 | 6,500,000 |
| Gwynedd | 6,700,000 | 6,400,000 | 6,100,000 | 5,500,000 | 5,500,000 |
| Conwy CB | 7,100,000 | 6,800,000 | 6,500,000 | 5,800,000 | 5,800,000 |
| Denbighshire | 3,200,000 | 3,100,000 | 2,900,000 | 2,600,000 | 2,600,000 |
| Flintshire | 6,200,000 | 5,900,000 | 5,600,000 | 5,000,000 | 5,000,000 |
| Wrexham | 6,100,000 | 5,800,000 | 5,500,000 | 5,000,000 | 5,000,000 |
| Wales | 37,000,000 | 36,000,000 | 34,000,000 | 30,000,000 | 30,000,000 |

Numbers have been rounded

11.3 What are people telling us?

While early analysis of the impact of the Housing (Wales) Act 2014 show progress and demonstrate that it has been possible to prevent homelessness it is difficult to identify a pattern and reach firm conclusions based on one year of data. Research and experience confirm that some individuals and households who require support lead complex lives and some client groups continue to present real challenges for services. This requires agencies to work closely together to enhance the opportunities to secure permanent and sustainable accommodation options, and it is important that ongoing support is available alongside accommodation. Secure and settled accommodation can enhance opportunities and improve life chances however the provision of accommodation on its own, does not guarantee success.

Transitional grant funding – To facilitate the introduction of the Housing Act transitional grant funding was allocated to support the implementation of the Homelessness provision within the act. This funding has helped local authorities and partners to deliver positive benefits, however the tapering of this funding, which has been targeted at problematic areas, along with the increased amount of paperwork associated with the new legislation may present challenges and it will be difficult to mainstream some of the responses developed without additional resource allocation.

Welfare reform - The introduction of Universal Credit and associated changes to housing benefit allocations are likely to have an adverse impact upon some individuals. There is a danger that some groups within society will become more exposed to the risk of homelessness, especially single individuals under 35 years of age as revised benefit rates will be insufficient to secure appropriate accommodation options in a large number of communities.

Impact on health - Evidence shows that individuals who are homeless are more exposed to poor health and will have a higher reliance and dependency upon other statutory services. Homelessness, or lack of suitable accommodation to return to, has been identified as a contributory factor in some delayed transfer of care cases and it is also known that individuals who are homeless are likely to place higher demand upon other health services including ambulance and A+E admissions (Public Health Wales 2016).

Mental health - Individuals with mental health issues are especially vulnerable and exposed to homelessness. Securing safe secure and affordable housing solutions can be critical in promoting recovery and helping people to integrate into the settled community (Mental Health Network, 2011). Good quality accommodation options can reduce overall demand for health and social care services. Ensuring that people living with mental health problems have a suitable, settled accommodation can aid recovery and help them to engage, connect, learn, and develop the practical life skills required to live well independently with the necessary level of appropriate support. However unsuitable accommodation or lack of support service and response can exacerbate problems and contribute to an increased risk of offending, lack of employment opportunities and lack of social support needs.

New demands

The additional demands arising from the new prison in Wrexham, HMP Berwyn are discussed in chapter 9 *The Secure Estate*.

Findings from engagement with organisations

The issues identified in the survey undertaken for the population assessment were that:

- There is a need for appropriate short and long term help for individuals who find themselves homeless.
- There is a need for support amongst Black & Minority Ethnic people that currently cannot be met by support services such as BAWSO. They are aware of people who have lost their tenancies or have fallen into debt. They recommend the provision of a specialist support.
- One organisation identified a shortage of one bed accommodation across the region. This is especially important with the introduction of the spare

room subsidy and the planned reduction in Housing Benefit for tenants in social housing who are aged under 35.

- There are general concerns around the ability of under 25's to afford accommodation with the welfare reform changes.
- In response to questions about the new emphasis in the Social Services and Wellbeing (Wales) Act on support from family, friends and the local community, one organisation commented that many homeless people do not have any support from family or friends as the relationships have broken down, which is why they are homeless in the first place.

For more information about the survey please see [appendix x](#).

Engagement with people experiencing homelessness

As part of the engagement with service users for the population assessment we held a focus group with a group of homeless people and people with substance misuse issues. The feedback from the group included concern services did not understand their needs. For example doctors making assumptions or not listening, housing officers not understanding mental health issues or being 'pigeon-holed' by staff at the Job Centre, the DWP and health services. One person mentioned that travelling to interviews and to work was an issue and another person, with learning difficulties, mentioned the problem in being able to find appropriate training. Managing finances can be difficult when there are issues of substance misuse, or when there are difficulties claiming the right benefits or completing the necessary forms. Finding accommodation can be difficult, particularly if a person is from outside the area. Accessing mental health services can also be difficult. Others mentioned the challenges they face due to health problems, for example sleeping a lot and struggling with social situations due to depression.

People interviewed accessed support from the following services: Arc Communities, the Dawn Centre, Community Psychiatric Nurse, Nacro worker, Cais, Hafal and Aberconwy Mind (including an art project). Friends, family and other community members also provided some support, but there was a comment that about having 'burnt their bridges' with friends and family.

People had mixed views on the quality of support – some said more time was needed, that it felt like a fight to get support, structures change and funding gets pulled. One person said:

'Sometimes your own issues get in the way of accessing help, you don't always know that you need help until it is too late'.

Areas that people needed more help with were accommodation, accessing employment opportunities, taking prescribed medication and substance misuse planning. Referrals to Community Mental Health Teams can take up to

four weeks when sometimes it's not an issue that can wait. People said they needed someone to talk to, to feel listened to and to have continuity of staff.

A member of staff commented:

'Because of universal credit and benefit changes [rent no longer being paid direct to the landlord] there will be a lot more pressure and more people becoming homeless.'

For more information about the engagement activities please see [appendix x](#).

11.4 Conclusion and recommendations

Information relating to the first year of operation (2015-16 data) suggests that the changes introduced within the Housing (Wales) Act 2014 are having a positive effect and that the emphasis on earlier intervention and prevention are delivering better conclusions for individuals, however significant challenges remain. It is possible that some of the initial progress will be tempered if the transitional funding allocated is removed.

We must also be mindful of the impact which changes within other services, can have on homelessness, and similarly the impact which homeless people can have on other services. Welfare reform and especially changes to Housing Benefit and the introduction of Universal Credit are expected to increase demand upon some services, especially from certain groups in the community, such as young people, which will create new challenges. It is therefore paramount that we try and concentrate on identify ways of maximising value and consider how we can combining effort and resources and focus on the preventative approach to homelessness, which can help deliver positive outcomes to vulnerable people and hopefully avoid the need for more intensive and costly interventions .

Key messages

Changes to the welfare benefits – The impact of the proposed changes to the welfare benefits, especially those allocated towards housing related costs are yet to be calibrated with the system. It is projected that some individuals and groups will experience significant reductions in the funding for assistance towards housing and it will become more difficult to secure appropriate and suitable accommodation options at these reduced levels. Some of the groups most adversely impacted, correlate quite closely with groups who are currently known to be more exposed and vulnerable to homelessness. There are also concerns that the introduction of Universal Credit -which compounds all benefit payments and does not automatically allow transfer of the rent element to the landlord could lead to problems. Research from areas who have introduced universal credit are reporting higher level of arrears which could over time become problematic and impact on the sustainability of tenancies.

Regional Commissioning - While the aim will be to deliver the vast majority of homeless services as close as possible to an individual's original community and where possible within local authority boundaries, it will be necessary to plan and deliver some homelessness services regionally. Where it is not possible or cost effective to respond to needs locally we will use long-term strategic partnerships such as the Regional Collaborative Committee and local planning groups to consider housing need and priorities across local authority areas.

Out of Area Placements – Most vulnerable people seeking support tend to be non-transient, staying within their locality rather than moving from one area to another. However some movement across boundaries does occur and is sometimes necessary to support individuals and to facilitate rehabilitation. Legislation and best practice would suggest that out of county placements should be exceptional, and based upon considerations such as personal and public safety. Where such cases arise, cross border co-operation as well as the maintenance of service users existing support networks need to be discussed at the earliest possible stage.

Shared Responsibility - Housing Associations and third sector support providers who have experience of delivering services to particular vulnerable groups will have an important role in assisting the efforts of statutory organisations. There will be a continuing need to provide support services that complement the statutory sector, as we anticipate a steady increase in population up to 2020.

Gaps in service / support

- Lack of single person accommodation
- Limited hostel provision
- Shortage of specialist provision for individuals with ongoing medical conditions
- Gaps in support services

Equality and human rights

This chapter recognises that while homelessness is not in itself a protected characteristic, that many people who are homeless can be identified as having protected characteristics and as a result can be disproportionately impacted and face increased vulnerability and/or risk.

This chapter highlights data that indicates disproportionate impacts with regard to age and ethnicity. Specifically highlighting that typically, the age range most likely to require support from the homeless services is between 16 and 24 years of age. People aged 25 to 40 years of age are the second largest group requiring support. The chapter identifies that there is a need for support for Black and Minority Ethnic (BME) people with housing issues. It also discusses

the additional vulnerabilities people may have, for example, a learning disability, older people, people with a physical/sensory disability, substance misuse and/or mental health issues

There are other protected characteristic groups that may also be impacted due to homelessness. There is more information needed about the needs of Welsh language speakers, for example. The Equalities Impact Assessment reflects on further considerations and impacts. Issues affecting people with the protected characteristics not picked up by this assessment and could be addressed in future population assessment reviews, in the development of the area plan or in the services developed or changed in response to the area plan.

Services supporting homelessness must take a person-centred approach that takes into account the different needs of people with protected characteristics and this will be a continued approach during the development of future implementation plans and play a key role on the development of services.

We would welcome any further specific evidence which may help to inform the final assessment.

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12 Autism Spectrum Disorder (ASD)

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12.1 About this chapter

This chapter includes the population needs of citizens with Autism Spectrum Disorder. There are separate chapters for learning disabilities and mental health [\[add link\]](#).

What is meant by the term Autism Spectrum Disorder

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition which typically emerges early in childhood (often, but not always, clearly evident by three years of age). The condition is life-long, however, the presentation of the core features may change as the individual develops. ASD impacts on three broad areas of functioning:

- Social understanding and reciprocal social interaction
- Communication – in particular reciprocal communication in a social context
- Difficulties relating to restricted interests, repetitive behaviour, significant sensory difficulties

ASD is a condition which presents across the ability range from those with severe/profound learning disability to those who are extremely able intellectually (such as those with a high IQ in the superior range).

Over time a number of labels have been used to describe the condition, including Autism, Childhood Autism, High Functioning Autism, and Aspergers Syndrome. As all of these conditions share the core areas of difficulty outlined above it is now current practice use the global diagnostic category of ASD. Currently there is also a debate as to whether it is a more appropriate to use the Autism Spectrum Condition (ASC), as opposed to ASD, however, the latter term is employed in current diagnostic manuals.

Safeguarding

It is known that adults with a learning disability are vulnerable to maltreatment and exploitation, which can occur in both community and residential settings (NICE, 2015), this would also include people who also have ASD. Staff have identified that there are significant safeguarding issues in relation to the use of the internet by people with ASD and a concern around radicalisation. Bullying is also an issue for people with ASD and particularly young people in mainstream schools who have Aspergers Syndrome. There may well be higher risks of Child Sexual Exploitation in people with ASD/Aspergers Syndrome.

12.2 What we know about the population

In 2011 it was thought that between 0.6% and 1% of the UK population had ASD with a male: female ratio of 4:1. Estimates of the prevalence of ASD have significantly increased over the last few decades and some studies attribute this to the broadening of the concept of ASD and increased awareness of the condition rather than a true increase in incidence, although this cannot be ruled out.

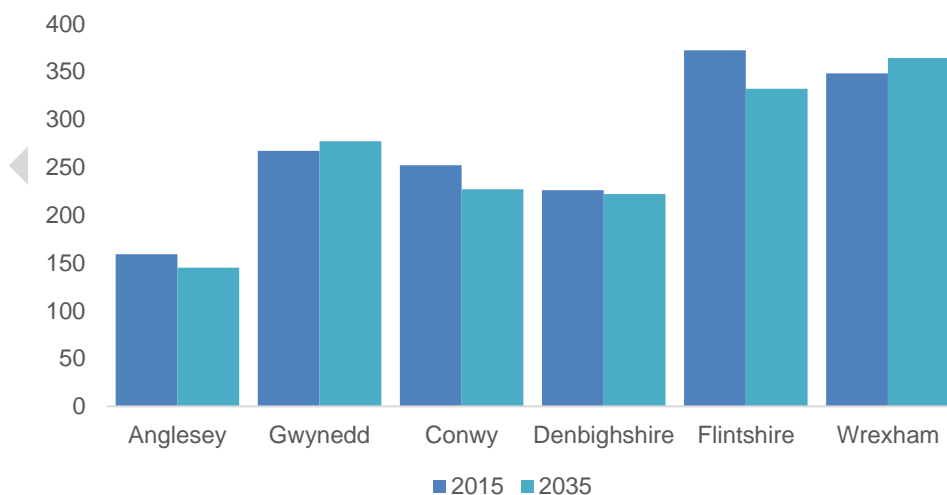
The population prevalence of ASD in 2011 showed:

- 1.1% in people age 16 to 44
- 0.9% in people age 45 to 74
- 0.8% in people age 75 and over

There is a strong suggestion of missed cases of adults with ASD; the assessment of ASD only became available in the early 1990's and has largely focussed on children.

Figures for the total number of people age 19 years over estimated to have ASD in North Wales together with future predictions are shown below. These show an increase in the predicted number of people with ASD in North Wales aged 18 plus.

Figure 5.1 Children age 0 to 17 predicted to have ASD by 2035 in North Wales



Source: Daffodil

Table 5.1 Children age 0 to 17 predicted to have ASD by 2035

| | 2015 | 2020 | 2025 | 2030 | 2035 |
|--------------|-------|-------|-------|-------|-------|
| Anglesey | 159 | 163 | 164 | 155 | 145 |
| Gwynedd | 267 | 265 | 268 | 271 | 277 |
| Conwy | 252 | 254 | 254 | 242 | 227 |
| Denbighshire | 226 | 232 | 237 | 231 | 222 |
| Flintshire | 372 | 373 | 368 | 349 | 332 |
| Wrexham | 348 | 365 | 373 | 368 | 364 |
| North Wales | 1,624 | 1,652 | 1,664 | 1,616 | 1,567 |

Source: Daffodil

Figure 5.2 Total population aged 18 and over predicted to have ASD by 2035

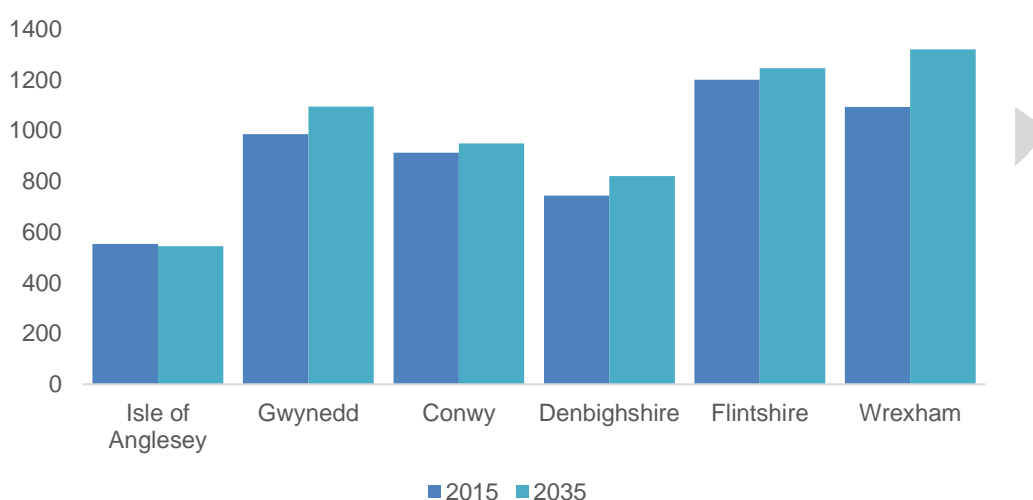


Table 5.2 Total population aged 18 and over predicted to have autistic spectrum disorders

| | 2015 | 2020 | 2025 | 2030 | 2035 |
|--------------|-------|-------|-------|-------|-------|
| Anglesey | 553 | 550 | 547 | 546 | 544 |
| Gwynedd | 986 | 1,017 | 1,046 | 1,074 | 1,095 |
| Conwy | 913 | 923 | 932 | 942 | 950 |
| Denbighshire | 744 | 765 | 783 | 803 | 821 |
| Flintshire | 1,201 | 1,217 | 1,227 | 1,241 | 1,246 |
| Wrexham | 1,094 | 1,148 | 1,204 | 1,264 | 1,321 |
| North Wales | 5,491 | 5,620 | 5,739 | 5,870 | 5,977 |

Source: Daffodil

Welsh language profile

There is a variation across North Wales in the proportion of people with Welsh as their preferred language. This means that there are varying needs across North Wales for Welsh speaking support staff and to support the language and cultural needs of Welsh speakers with ASD. The need tends to be met better in areas where there are greater numbers of Welsh speakers, such as Gwynedd than in areas such as Denbighshire and Flintshire where recruiting

Welsh speaking support staff has proved to be difficult (CSSIW 2016). There is more information in the Welsh language profile produced for the population assessment [\[add link\]](#).

12.3 What are people telling us?

Planning for ASD services is difficult. Traditional learning disability services are not flexible and responsive enough to meet the needs of people with ASD. The number of people being diagnosed has increased in the last 5 years however, the retirement of a dedicated doctor for ASD means that the services have not continued to develop in North Wales.

There is a high suicide rate among people with ASD and a high proportion in prison and this can be due to a mix of difficulties with the system and naivety.

Parents of children with ASD report that caring for a child with the condition is challenging due to behavioural issues. There is little support for emotional well-being for families so that they are able to continue to provide the care and have good family relationships. Parents would like the community to be more aware of autism (as it is hidden disability) and be more accepting.

Parents also cite inability to access advice in timely manner, lack of social activities leading to social isolation, lack of training, information and support to manage problems and behaviours.

Gaps in provision are a frustration for parents and adults with ASD and there is a pattern of unmet needs across all activities undertaken.

Many people with ASD, particularly those who are high functioning are often not eligible for mental health and social care services and support, but many will have often low level support needs which if not addressed could escalate into more serious mental health problems, homelessness and financial difficulties.

In relation to ongoing support and provision the most frequently reported areas of unmet need across children and adults are:

- support for emotional/behavioural issues;
- support for ASD specific issues and life skills;
- access to social and leisure opportunities within their own communities; and,
- respite support for families.

As well as lack of support it is reported that ASD aware education provision is frequently an issue for children with ASD and a lack of support for employment is an unmet need for adults.

The national work in 2015 reported that across all areas of need and all ages, there are three emerging themes.

- Staff within many generic and community services lack the skills and knowledge to support individuals with ASD.
- Eligibility criteria for tier 2 and 3 services mean that individuals with higher functioning ASD (and their carers) fall into gaps between mental health and learning disability services and so cannot access emotional, behavioural, low level mental health and life skills support.
- Existing generic community support and services need to be adapted in order to be suitable for many individuals with ASD due to their specific needs.

12.4 Review of services currently provided

Services and support for children with ASD appear to differ across counties and are provided from different organisations depending on the age of the children. For example, in Gwynedd children are currently assessed by Derwen integrated team for disabled children who are under 5 but by CAMHS if they are over 5. If these children also have a learning disability they would be attending Derwen.

In April 2008, the Welsh Assembly Government issued an Autistic Spectrum Disorder (ASD) Strategic Action Plan for Wales. The aim of the plan was to set out how to meet the needs of individuals with ASD, their families and carers and each local council was required to develop their own local plan.

The majority of support available for people with ASD is provided by third sector organisations. There are national organisations that provide a service in North Wales such as Autism Initiatives and also more local support groups such as Gwynedd and Anglesey Asperger/Autism Support Group. The National Autistic society also provide a domiciliary care service.

Nationally, the ASD Strategic Action Plan for Wales was refreshed and in 2015 an interim delivery plan was published to enable further development work to be undertaken to inform policy development. The plan contained a commitment to undertake a scoping exercise examining existing provision to address the gap in services in Wales. Unmet need was also examined as part of the evaluation of the ASD Strategic Acton Plan. Further evidence was gathered through stakeholder consultation during 2015 and highlighted gaps in services and identified demand for low level preventative support. As a result of the most recent research Welsh Government has committed to the development of an integrated autism service, which would involve further development of adult diagnostic assessment provision and lifelong support for individuals with ASD and those who support them. This service will be funded from Welsh Government's Intermediate Care Fund. This new ASD service will

be an integrated service model and it will sit within and support existing structures.

12.5 Conclusion and recommendations

Children and people with ASD report unmet needs in respect of:

- behavioural/emotional support;
- ASD specific issues and life skills; and,
- access to social and leisure services and opportunity in the community.

Children and people with ASD may or may not also have a learning disability or mild learning disability. Children and people with ASD may have or may develop moderate mental health difficulties if support is not available to them at an early stage.

There is a national Autism service being developed, funded from Welsh Government Intermediate Care Funding, and the service will be developing in North Wales in the next year or so as part of the 3 year programme of roll-out. This service will be built on best practice and research and will be all-age.

It is also important that the support currently available in North Wales through the range of third sector organisations that operate in the area are continued and that these compliment the national service. The availability of such support services should be advertised widely so that they can be accessed by those who require the support.

There are gaps in awareness raising around ASD for the public, employers, staff and other areas of public services such as leisure centres and public transport.

Although there is a comprehensive range of information on the web, there is no way of knowing whether people are using this – raising the profile of the availability of services and support on such websites as DEWIS is required.

Training is required to improve the understanding of the effects and implications of ASD, particularly in relation to behaviour management and coping strategies and this needs to be across sectors and particularly within education services. It is also identified that the police service needs to be trained to identify if a person has ASD. Ideally this training should be jointly developed across health and social care and includes specifically:

- managing special interests,
- the transition into adulthood,
- housing and community living,

- employment and training,
- post diagnosis support for partners and family members,
- social isolation, developing social skills and maintaining relationships,
- keeping safe/anti-anti-victimisation interventions,
- autism in females,
- men and autism,
- keeping well and healthy and managing anxiety,
- challenging behaviour and anger management.

Finally, there is a new neurological developmental pathway which will be a service available for children and young people who do not fit into CALDS/CAMHS pathways for diagnosis and support established early in 2017 in Conwy/Denbighshire – if this is successful it should be available across North Wales.

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